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ABSTRACT

The record of this hearing of the House Select Committee on Aging contains the text of House Resolution 1118, which is to provide expanded counseling assistance for the elderly sick and disabled. In addition to the Resolution, testimony from a number of experts on counseling and gerontology is presented. The purpose of the bill is to provide systematic, organized community programs to help older people counteract the problems of loneliness, health deficits, and social rejection. With proper counseling, many of them can lead independent, meaningful lives. (Author/BP)

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GUIDANCE AND COUNSELING FOR THE ELDERLY

HEARING

BEFORE THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

NINETY-FIFTH CONGRESS

FIRST SESSION

HELD MARCH 7, 1977, IN DALLAS, TEX.

Printed for the use of the Select Committee on Aging

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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GUIDANCE AND COUNSELING FOR THE ELDERLY

MONDAY, MARCH 7, 1977

U.S. HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
Dallas, Tex.

The committee met, pursuant to notice, at 9 a.m., in the Dallas Convention Center Theater, Dallas, Tex., Hon. Edward P. Beard presiding.

Committee members present: Representatives Beard of Rhode Island and William S. Cohen of Maine.

Staff members present: Robert S. Weiner, staff director; Marie Cunningham, executive—secretary.

OPENING STATEMENT OF REPRESENTATIVE EDWARD P. BEARD OF RHODE ISLAND

Mr. BEARD. Thank you very much.

The Committee on Aging will now come to order.

First of all, I'm delighted to be here.

I'm Congressman Beard of Rhode Island.

I'm substituting for the chairman of the full committee, Claude Pepper of Florida.

Chairman Pepper at the present time is testifying in Washington on health legislation that is badly needed for the elderly, legislation important to the Congress and the people of the United States. He deeply regrets that he could not be here today.

But it is a delight to be here in Dallas, Tex., to participate with so many people that are interested in the problems of the elderly.

I'm delighted to be one of the 71 Members that have cosponsored H.R. 1118, the critically needed counseling bill that would expand guidance and counseling services for the elderly people of this country.

At this time I would like to turn the mike over to my distinguished colleague, Bill Cohen of Maine.

STATEMENT OF REPRESENTATIVE WILLIAM S. COHEN OF MAINE

Mr. COHEN. Thank you, Mr. Chairman, and let me also say that it's a pleasure to be in Dallas.

There was some doubt that I might make it yesterday.

I took off from Limestone, Maine. For those of you other than Stan Freeman, who I think is still in the audience and happens to be from Oregon, that probably doesn't mean very much, but we had about 10 inches of snow in Maine yesterday.

They predicted 15, and we got 10, which reminds me of the story that the only accurate weather prediction we've ever had was when God spoke to Noah and said, "Noah, there's a 100-percent chance of precipitation."

But I, too, regret, Mr. Chairman, that Mr. Pepper could not be with us today, because he has certainly been in the forefront of the fight to preserve dignity and decency for our older people.

There is a Chinese proverb that says that man fools himself, that he prays for a long life and fears for old age.

Modern medicine has helped us to live longer and healthier lives, and yet our social and cultural attitudes have failed to keep pace with our own technology.

We've always spoken with great pride of the promise of the golden years, a time for respite, relaxation, and fulfillment, when we could reap rewards of the years of contribution and commitment.

Well, I think it's been a false promise—a myth shattered by the stone of experience. Millions of older Americans now find that they have inherited a wasteland of inflation that consumes their savings and reduces their purchasing power and their very means of survival; of forced retirement and artificial limitations upon earnings after retirement that carry the penalty of reductions of social security benefits that have been paid for; of urban areas that have been filled with young gangs that beat and rob and ravish them with virtual impunity, that turns their lives into a fragile hourglass filled with fear that drives them off the streets at the setting of the Sun; that forces them into nursing homes or other institutions where, too often, they become helpless victims of shocking cases of fraud and abuse and neglect.

In America I think the facts are quite clear, the accent is on youth, and the golden dream has become a dark nightmare for our older people.

Indeed, they have to live also with the fear that the first sign of withdrawal or eccentricity might be viewed as an indication of the start of mental deterioration, and an invitation to anxious and impatient family members of the need for institutionalization.

But I think that the cruelest problem that older Americans face is even more tragic, that of indifference.

It was that great playwright, George Bernard Shaw, who said that the worst thing is not to hate our fellow man, but to be indifferent to him, because the essence of inhumanity is indifference.

I think that our older citizens have been left to wander around the boneyard of their declining years with inadequate assistance and without very much care or concern.

In all fairness, I am compelled to point out that America's attitude toward its older people is not unique in the annals of time.

In fact, in doing a little research for this meeting, I came across a play that was written back in the fifth century B.C. by Aristophanes, the great Greek playwright.

I would like to quote just briefly, if I might, Mr. Chairman, from one of the characters in the play.

He said that,

We, the elders, the forefathers, have a right to complain to our fellow citizens. You have not given us the rewards and treatment worthy of our deeds in the sea battles.

> Far from it; we suffer a wretched fate. You dragged us, at our age, before the courts; you allow new fledged young orators to make fun of us, now that we're no good anymore, with our deafness and our trembling speech. * * *
>
> Old and in our dotage, we stand before the stone tablet and say that we see nothing but the shadow of justice.

Now, I cite this passage not as a pedantic exercise and irrelevant, but to emphasize the deep-rooted history of our indifference and callousness. The aging process has become associated with a loss of economic productivity, and a reduction in economic productivity equated with a loss in value.

That, in my opinion, is the heart and tragedy of growing old in America.

The way in which a society behaves toward its old people is an index to the naked truth about its values and principles.

We consider it a mark of the progress of our civilization that we now stand poised on the rim of the unknown to undertake to explore the vastness of our outer space.

Ladies and gentlemen, you hardy souls who survived the cocktail balls last evening, would we but dedicate the same interest, intensity, and resources to the exploration of that vast expanse, that darkness and emptiness inside the souls of our older people.

I look forward, Mr. Chairman, to hearing the witnesses who have been gathered to testify here today.

I'm hopeful that we'll be able to take the record back to Washington to emphasize the need for counseling, rather than confinement rehabilitation, rather than institutionalization, and preretirement planning rather than postretirement planning or depression.

Mr. BEARD. Thank you, Bill, very much.

I think that's a very, very inspiring statement, and it simply must be appreciated by the people that are in attendance here today.

Our first witness is a very distinguished gentleman, Dr. James MacKay, consultant in gerontology to the Alamo area, San Antonio, Tex.

Doctor, please proceed.

STATEMENT OF DR. JAMES L. MAC KAY, CONSULTANT IN GERONTOLOGY, ALAMO AREA COUNCIL OF GOVERNMENTS, ADMINISTRATION ON AGING, SAN ANTONIO, TEX.

Dr. MACKAY. Mr. Chairman, and members of the committee, I have read House bill 1118 very carefully and wish to compliment you and your staff on a truly comprehensive view of the situation.

I hope both Houses of Congress and the President approve your efforts.

The Older Americans Act has done much to alleviate some of the problems of retirement in the United States. The implementation of this act can do much to smooth out the process. I know from experience.

I started my counseling career in January 1921 when I was employed to administer psychological tests and disperse vocational information.

I retired as director of guidance of a public school system in June 1959. During that time I earned a masters degree in sociology writing on "The Effects of Home Environment on High School Behavior," and a Ph. D. on personnel and guidance from New York University.

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During that same period I was elected president of a local chapter of the National Association for Mental Health, and three times of a national vocational guidance association.

I attended many State and national meetings of these organizations as a member of the delegate assemblies.

In 1959, after retirement, I went to Europe and conducted seminars and/or lectures in most of the countries of Western Europe for the Commission on Parent Education of the World Federation on Mental Health.

We returned just before New Year, 1961. That was when I felt the force of the retirement syndrome. I was out of everything. I was the grand old man. I was treated with deference, too damned much deference. I heard myself referred to as a legend, and as a legend I began to grow moss. But I was still out of all responsible policymaking activity. That was when I needed counseling. It was really quite a terrible experience.

There being no other counselor at hand who understood this type of situation, I had to take myself in hand.

Two fortunate occurrences took place: The Mental Health Association asked me to make a talk to a group of predominantly black young folks who were hired by the Manpower Commission as counselors; and, second, I read an article in a mental hospital magazine which said that 50 to 90 percent of the persons committed to mental hospitals after the age of 65 were not mentally ill and needed no medical attention. There was no medical reason for them being there.

The first item led to a long-term involvement of counselor training from which developed a counselor's handbook and brought me into contact with old friends from the black community who were now interested in gerontology.

The second item acted as a challenge. I had to know why these older persons were shunted into the State hospital.

I joined every organization of older persons to which I was eligible and began a systematic study of gerontology literature.

Through the black group, I found others who were interested, and we appeared before the municipal council and asked for and received an Office of Coordinator of Senior Activities for the city of San Antonio.

I helped organize this office and became a member of its advisory staff. A few years later, I was elected as chairman of the task force to organize an administration on aging in our Area Council of Governments. I still serve as consultant to this body.

I was appointed a delegate to the 1971 White House Conference on Aging.

The 2 years we spent in preparation for this afforded me an opportunity to study many problems in depth.

At the conference, I presented a paper on "The Mental Health of the Aging" which involved a comprehensive counseling plan in line with the objectives of H.R. 1118.

The plan has been approved by both the municipal advisory committee and the area agency on aging advisory committee.

It is now before a committee appointed by the city council for the establishment of a central senior center.

I am a member of this committee.

The plan involves the churches of the city and county since they are geographically distributed so that every neighborhood will be served.

The participating churches of each neighborhood would develop programs for the elderly of the neighborhood on different days of the week and would serve all elderly, not limiting their services to their own members. Many churches of the community have approved the plan.

From each church, two elderly persons would be appointed to take training as listening and referral officers. Many older persons only need a sympathetic ear which has been trained to listen, someone to whom they can talk.

In the central office, we would have trained counselors who would be available to advise the listening and referral officers or to take over cases, whichever seemed better.

The experienced listening and referral officers could make direct referrals to community resources. The listening and referral officers might want to use their pastors in some situations, as counselors.

The central office counselors would have to be trained counselors with special training in gerontology, social agencies and community problems and resources. The office-type counselor could not do this job.

Wherever possible, services must be brought to the older person rather than involving the older person in transportation and agency routine. If the counselor came from the field of social work, he would have to be given gerontology and understand the psychological approach.

The several listing and referral officers in a neighborhood could develop united outreach activities so that recluses could be ferreted out.

Groups of churches could combine on programs, activities, nutrition, and telephone projects to avoid duplication and insure that all persons in the neighborhood were being reached.

Under the guidance and stimulation of the central office, there is no end to the services which could be offered in a neighborhood.

If the listening and referral officers learned to listen intelligently and would keep records of the types of problems presented by the clients, the central office could tabulate the needs of the community more accurately than by any other scheme I know of. These needs would be those of the rich and the poor and those of every ethnic group. Individual needs do change as the years roll by.

There are special needs to which both counselors and listening and referral officers should be alerted.

Death of a spouse is perhaps the greatest trauma. It is so final. There is nothing the grieving one can do about it. It affects every phase of one's existence.

Being moved from one's home against one's desire, as happens so frequently when people are placed into nursing homes, is another very traumatic experience. Much of the trauma can be prevented if the move can be anticipated and the interest and cooperation of the individual obtained. When persons are moved from their own homes into nursing homes or hospitals, they are usually taken from a position of decisionmaking to complete dependency. This may involve as much

trauma as being taken off heroin cold turkey. At such times, trusted sympathetic peers may function well, but at other times a thoroughly qualified counselor should be available for counseling.

Retirement and the problems of retirees are changing rapidly in our society.

If the conditions of retirement can be anticipated, many of the problems could be handled in stride, and the existence of counselors for helping in critical situations could eliminate much of the withdrawal, loneliness, and exploitation now existing.

Such information is available through preretirement guidance. Excellent material is available, and some counselors are trained in its use, but people in their fifties are not conscious of the need.

To my mind, the development of preretirement training is a function of employers, trade unions, business and professional organizations and the like. National and local chambers of commerce could and should foster such programs.

Preretirement training programs would save retirees much misery and save the Federal and local governments much expense, especially in permanent care of the elderly.

The retirement years constitute a dynamic, changing period in our social attitudes and in the lives of older persons. We pass from the height of our knowledge, skill, and activity at retirement to complete dependence before we die. Professional counseling and peer counseling under professional guidance should be available as we make these changes.

H.R. 1118 presents a viable scheme to make this more possible.

To summarize then, I have had the unique experience of studying gerontology while I was experiencing it.

I have observed very carefully.

I have a wife my own age, so I have observed it very intimately.

From my observation, study and practice, I have come to the conclusions that peer counseling, which can be done mostly on a voluntary basis, with proper training and guidance from professionals, will be the most indispensable and yet the most efficient method of helping the elderly meet the problems as they grow old.

Thank you.

Mr. BEARD. Dr. MacKay, I have a few questions for you. Doctor, what would you suggest in a situation where, for example, an elderly person is in the hospital, and if the person is now being told that they will be transferred to a State facility, like a State hospital, because there's no alternative facility that can handle them because maybe of economics or what have you, how do you counsel that type of person? What would you suggest in that area?

Dr. MACKAY. In the first place, with adequate counseling, they would not have to be told that cold turkey.

I was present one time when a very fine young man said to his mother-in-law, "Well, maw, we're moving you today," and that was a terrible experience, although she was being moved into an almost ideal situation.

She was not prepared for it.

Now, if people have been removed, if they have been placed in the hospital and then they're going to be placed in a nursing home or if

they're being placed directly into the nursing home, we must have the attitude of rehabilitation.

Our nursing homes should stress rehabilitation.

They should not be placing them to go to die.

So the stage in nursing homes is not very great for many people because the trauma of being made completely dependent, not even being allowed to say what you want to eat or what you want to do, that is a trauma of being taken from an independent situation to complete dependency, and it's too great for most people.

But if a nursing home would have the attitude of rehabilitation, and if we can get this neighborhood counseling so that these things are brought out in the open so that they will be discussed ahead of time, we will not have that great trauma.

Mr. BEARD. You brought out a good point, Doctor, about retiring.

Most younger people think of retirement and benefits, pensions, security built up in their younger days, but I think you have struck a very sound note in your observations that middle-aged people getting close to retirement are very reluctant to hear about the process, what is going to take place when they do retire.

The fact is that they're subject in this country to some acceptance to second class treatment because of the nature of retirement, the fact that they have to live on 9 out of 10 times less than half their income, maybe even a quarter of their income.

What can we do to prepare people in this area?

Dr. MACKAY. I think we have to work through chamber of commerce, through labor unions, through the people, the employers and the labor grades, the people who can get these 48- to 50-year-old people together with their spouses.

Their spouses need to stay in training, preretirement training.

Now, that is not a very great expense.

It needs thoroughly trained counselors to do it, but if we were not—my favorite story of retirement—a farmer called his son and said:

> Son, grandpa can't work anymore. You take this piece of bread and this jug of water and this blanket * * * take him to the other side of the mountain and you make him comfortable as you can, and then you come home.

Well, when he came home and his father noticed that he was carrying half of the blanket on his arm, and he said, "Well, why did you bring home half the blanket?"

Oh, said the man, "I'm saving that for you."

Now, if we can get this attitude brought forward that if we're lucky, we're going to live a long time—we don't—we should not say you're going to get old, because that has a connotation of being obsolete, being useless.

But if we take the attitude, you may live a long time, that is a different attitude, because really it is experiencing.

It's not a finality.

It is an ongoing process.

Now, if we can get our—you might say our chambers of commerce in order to reach our employers and the labor unions interested in this, I believe we can get a preretirement training established.

It is not established now.

The places where we have good preretirement training can be counted on a couple of hands.

Mr. COHEN. Doctor, I want to say what a pleasure it is to meet a grand old man, and I won't give deference in view of your statement before.

But do you think there should be a mandatory retirement?

Should we have a system in which we have incorporated these attitudes about older people, saying they have been forcing you to retire at a specific age at which you are no longer productive?

Dr. MACKAY. Yes and no.

I have been an administrator, school administrator, and I had on my faculty a woman who should have retired years before, but she had sufficient political pull to stay on that faculty.

She was a kindergarten teacher.

Now, one day she fell off the piano stool.

Another day, during a storm, one of the children ran home and she didn't even miss him, and I had to finally say to the superintendent, "I can no longer be responsible for Ms. Harris' work in the school."

Then she was removed.

But the other principal that had preceded me for 10 years had been afraid of removing her so there is a point. It is not a point in years because in that same system I had an 83-year-old aunt who was director of our kindergarten, and I said to the assistant superintendent, "Would you please check Ms. Exner and tell me if she ought to retire?"

He said, "If they were all like Ms. Exner, we would have no retirement problem."

She taught until she was almost 90.

But, you see, there are different situations.

There must be some way of taking grandpa to the other side of the mountain if it becomes necessary.

We cannot simply say, "No retirement."

We can't say, "No compulsory retirement."

Age should not be the specific criteria.

Mr. COHEN. There are a number of other questions I would like to ask you, but we do have some witnesses here to testify.

One thing: you talked about a counselor's handbook.

Do you have a copy of that at home that you could furnish to the committee?

Dr. MACKAY. Well, I could get one, I think.

I think I turned it into the archives of psychology already.

My stuff is all in archives now.

Mr. COHEN. Well, we'll be interested in looking at that.

Dr. MACKAY. But I think it was made for a specific purpose because these counselors, so-called counselors, they were not trained, so that this was very important for people who were working in the field without adequate supervision.

Mr. COHEN. Thank you very much, Doctor.

Mr. BEARD. Thank you very much, Doctor.

[Applause.]

Mr. BEARD. Our next witness will be Clemmie Solomon, director of counseling, Bowie State College, Md.

Delighted to have you, Mr. Solomon.

STATEMENT OF CLEMMIE SOLOMON, DIRECTOR OF COUNSELING, BOWIE STATE COLLEGE, BOWIE, MD.

Mr. SOLOMON. Thank you.

Good morning, Mr. Chairman, distinguished members of the Select Committee on Aging.

I am Clemmie Solomon, as mentioned earlier. I am the director of counseling at Bowie State College in Bowie, Md.

I am a member of the American Personnel and Guidance Association, the Association for Non-White Concerns in Personnel and Guidance, and I'm currently serving as the Government liaison worker for both the Maryland Personnel and Guidance Association and the Maryland Association for Non-White Concerns in Personnel and Guidance.

Mr. BEARD. Mr. Solomon, without objection, your statement will be incorporated into the record in full, following your oral remarks.

Mr. SOLOMON. Thank you, sir.

I would like to preface my remarks first by thanking the committee for allowing me to introduce my remarks here this morning on behalf of the aforementioned associations.

My remarks will primarily focus on the counseling needs of the minority aged as they relate to subject bill H.R. 1118, and also I would initially address the current attitudinal impact of youth toward the elderly and efforts to redirect them toward more positive ends.

In terms of some data relative to minority or relative to Maryland, there are currently over 300,000 persons 65—aged 65 and over.

Sixty-five plus age increased 39 percent between 1950 and 1960 and increased 32 percent between 1960 and 1970, as compared to 35 percent and 21 percent nationally for those two decades.

Alarmingly, I learned that the nonwhite death rate for 65 plus is highest across the State with nonwhites than any other groups.

Lindsay and Hawkins stated once that, "An anonymous person once said, 'I don't mind being old, or black, or even poor, but I'll be damned if I want to be old, black, and poor at the same time.'"

HEW figures in 1976 indicated that the proportion of the population 65 years old was 11 percent for whites, 7 percent for blacks and four percent for persons of Spanish origin.

The U.S. Department for HEW Administration on Aging in 1971 reports that shorter life expectancy for blacks produces a smaller proportion of older persons.

About 15.7 percent or 3.3 million persons were below the poverty level.

Among elderly whites, 1 of every 7 was poor, but over one-third of the elderly blacks were poor or below the poverty level.

A recent report of the U.S. Senate Special Committee on Aging clearly emphasizes that economic progress still tends to lag for minority aged groups, elderly blacks, the Spanish speaking, American Indians and aging Americans in some respects—the minority aged are worse off than in 1970 in comparison with elderly Anglos.

The report continues: At that time, the likelihood of being poor was almost twice as great for the minority aged.

A 1975 Bureau of the Census Survey, based upon 1974 income, revealed that the minority aged are now 2.4 times as likely to be poor than other older Americans.

What is noteworthy here is that there seems to be a trend of the minority aged, the escalation in terms of a portion of them being poor or below poverty.

The National Center on Black Aged reports in its overview of employment needs and programs for older workers that black unemployment is twice as high; black labor force dropout rates are twice as high; black part-time employment is three times as high; black poverty rates are at least two and a half times as high; and black educational levels are substantially lower than the majority of population.

Aged blacks listed their five major difficulties as: (1) Income, (2) health, (3) crime, (4) nutrition and transportation, tied, and (5) housing in a study of the "Michigan Comprehensive Plan on Aging" through the University of Michigan, Wayne State University title IV grant.

Nearly 2 out of 3 elderly blacks, 68 percent, identified income as a serious problem.

In contrast, 35 percent of elderly whites considered income to be a major problem.

The tragedy for all aged poor—and I emphasize—is the permanency of their poverty.

Lindsay and Hawkins further point out, the most basic problems related to income, maintenance and housing for the black elderly are reflected in poor nutrition; poor physical and mental health, increased vulnerability and high mortality.

A review of the literature relative to the counseling needs of the minority aged seems to indicate a dire existence for both remedial and preventative measures, and I compliment the committee in H.R. 1118 for emphasizing also these areas, the remedial area and the preventative area relative to counseling the aged.

In addition to and in view of the fact that the poor minority aged are far more likely to warrant such services as identified in subject bill H.R. 1118, it is our belief that counseling assistance programs as identified in the subject bill should make a special effort to insure equitable attention to the poor minority aged population.

So therefore we have submitted specific recommendations to insure this effort.

One, under those recommendations are assurance that the State plans will affirmatively identify and insure delivery of counseling services to minority aged groups.

Two, specific training counselors of the minority aged.

Three, representative numbers of minority population counselor involvement in the delivery and reception of training activities.

An addendum to this testimony provides a specific language revision of H.R. 1118 to reflect those recommendations.

My second point reflects another aspect of concern to many counseling advocates for the elderly.

This area involves the negative attitudes sometimes found in the young people, and old people, also, toward the elderly and the process of aging.

Growing old does not seem so bad when you consider the alternative.

It is essential to note that in H.R. 1118, there is virtually no mention of incorporating youth involvement with the elderly.

As mentioned in the Older Americans Act of 1965, there is some mention of incorporating these involvements.

So what we need there is a major reeducational effort that is needed that portrays the elderly through a more positive image, documenting evidence of their wide diversity of human potential and resourcefulness.

We suggest educational programs in gerontology that would incorporate this means to insure the elderly dimension in programing.

There are many young people who would become more actively involved in geriatric programs if we expend a major thrust to secure their involvement.

I discovered this while working with a fraternity at Bowie State College who had developed and worked on developing a needs assistance program, whereby members of the fraternity would spend their weekends assisting the elderly to do odd jobs around the home, raking leaves, painting and what have you, in cases where the elderly could not or were not capable of doing these types of jobs.

I found that the students were very much enthused about this kind of activity, and I believe that the belief that the youth really do not care that much about the elderly and working with them is one that is—should not be considered a very valid argument relative to what the youth would like to do in terms of participating in the activities.

The argument for seeking involvement of youth in geriatric programing becomes more prevalent when we reflect on the outstanding input the youth group made during the 1971 White House Conference on Aging.

Some of the ideas and recommendations that they made I think are very very relevant to focus on today because many of these activities are now being incorporated into the program that impact the elderly.

Number one in the area of preelementary and elementary school levels, what can be done, as they recommend, is that you utilize elderly persons as nursery school helpers and day care center supervisors.

Also, you can encourage school administrators to avail themselves of older persons as teacher aids and reading tutors.

There can be provided in the elementary schools face-to-face situations or interaction between young children and older people.

In the high schools, instructors can encourage in the social science skills, psychology and sociology, et cetera, and biology, and health, to include information on mental, physical, and social aspects of aging.

In colleges and universities there could be emphasis in terms of research in gerontology.

There could also be the offering of interdisciplinary courses dealing with the aging process.

So counselors can assist in facilitating these activities in the schools and encourage the programmatic interaction of youth and the elderly.

In conclusion, just as a shrub may grow into a tree, it is my heartfelt notion that tomorrow belongs to those who prepare for it today.

The futurists tell us that by the year 2000 there will be 30 million plus Americans age 65 and over, most of which will be women.

Undoubtedly, they will serve as an integral and important elemen in our society.

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We would be remiss in our efforts today not to advocate the best possible counseling assistance programs conducive to fostering a comfortable and rewarding life phase for such a diverse and natural resource as the aged in our society.

Just as a rolling stone gathers no moss, complacency regarding the aged is a tombstone.

We must act to keep this resource alive, well and spirited.

In keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to the best possible physical and mental health which science can make available, and without regard to economic status.

On behalf of the organization I represent, I would like to thank you for the opportunity again to present my views.

I will be glad to respond to any questions that you may have at this time.

Thank you.

[The prepared statement of Clemmie Solomon follows:]

AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION

Statement on Behalf of the
American Personnel and Guidance Association

by

Mr. Clemmie Solomon
Director of Counseling
Bowie State College
Bowie, Maryland

on

Older Persons Comprehensive Counseling
Assistance Act of 1977, H.R. 1118

before the

U.S. House of Representatives
Select Committee on Aging
Claude Pepper, Chairman

Monday, March 7, 1977
Dallas Convention Center Theater
Dallas, Texas
9:00 a.m.

Good morning Mr. Chairman, distinguished members of the Select Committee on the Aging.

I am Clemmie Solomon. I am the Director of Counseling at Bowie State College in Bowie, Maryland. I am a member of the American Personnel and Guidance Association, the Association for Non-White Concerns in Personnel and Guidance, and currently serving as the government liaison worker for both the Maryland Personnel and Guidance Association and the Maryland Association for Non-White Concerns in Personnel and Guidance.

I would like to preface my remarks by first thanking you for allowing me to introduce my comments here today on behalf of the aforementioned associations and by applauding your efforts and initiatives concerning counseling assistance for the elderly. Through the support of yourself, your committee, and the numerous congressional and educational advocates for older Americans, the struggle for essential and adequate counseling services for the elderly has greatly escalated.

My remarks will primarily focus on the counseling needs of the minority aged constituency as they relate to subject bill HR 1118 which you re-introduced on January 6, 1977, in this first session of the 95th Congress. Additionally, I wish to briefly address the current attitudinal impact of youth toward the elderly and efforts to redirect them towards more positive ends.

Throughout the current literature relative to counseling minority aged groups, there appears to be a prevalent consistency in the identification of this subject group as the minority's minority. An example of this condition is espoused by Lindsay and Hawkins (1974): "An anonymous person once said, 'I don't mind being old, or Black, or even poor, but I'll be damned if I want to be old, Black, and poor at the same time.'" According to H.E.W. figures (1976) the proportion of the population 65 years old was 11 percent for Whites, 7 percent for Blacks, and 4 percent for persons of Spanish origin. The U.S. Department of H.E.W. Administration on Aging (1971) reports that shorter life expectancy for Blacks produces a smaller proportion of older persons. About 15.7 percent, or 3.3 million persons, were below the poverty level. Among elderly Whites, one of every seven was poor, but over one-third of elderly Blacks were below the poverty level.

Vontress (1976) in a recent article on counseling middle-aged and aging cultural minorities identified several areas which constitute counseling problems in counseling the minority aged. These areas include

communication, employment, health, and loneliness. Some significant points in Dr. Vontress' article indicate that:

(1) It is enormously difficult to communicate effectively with cultural minorities, unless one is at least to some extent bicultural and bilingual.

(2) Lower-class middle-aged and aging minorities are plagued constantly by health related problems: Hypertension among Blacks is undoubtedly related to stress or to conditions to which they are exposed constantly; and alcoholic abuse is widespread among lower-class minority group men.

(3) In the urban community, the middle-aged and aging minority group member, advantaged or disadvantaged, male or female, regardless of ethnic identity, is not only apt to be lonely, but what is worse, he or she is endangered also by an environment that is menacing to life and limb.

The recent Report of the U.S. Senate Special Committee on Aging (1976) clearly emphasizes that economic progress still tends to lag for minority aged groups: elderly Blacks, the Spanish-speaking, American Indians, and Asian Americans, and in some respects, the minority aged are worse off than in 1970 in comparison with elderly Anglos. The report continues: At that time, the likelihood of being poor was almost twice as great for the minority aged. A 1975 Bureau of the Census survey (based upon 1974 income) revealed that the minority aged are now 2.4 times as likely to be poor than other older Americans. It is noteworthy to interject that Bureau of Census figures have been alleged to often reflect conservative estimates of data relative to minority groups. However, the point here reflects that there appears to be a developing trend of minority aged groups towards an escalation in ratio of being poor to that of the majority aged group.

The National Center on Black Aged (1975) reports in its overview of employment needs and programs for older workers--especially Blacks, that sizable disparities exist between the black aged and their white counterparts. The report indicates: (1) Black unemployment is twice as high; (2) Black labor force drop-out rates are twice as high; (3) Black part-time employment is three times as high; (4) Black poverty rates are at least 2 1/2 times as high; and (5) Black educational levels are substantially lower.

Consistent with the Center's report, the 1974 Michigan Comprehensive Plan on Aging, through a University of Michigan-Wayne State University Title IV Grant, surveyed elderly Michigan residents to identify the major

problems confronting the elderly. Aged Blacks listed their five major difficulties as: (1) income, (2) health, (3) crime, (4) nutrition and transportation (tied), and (5) housing. Nearly two out of three elderly Blacks (68 percent) identified income as a serious problem. In contrast, 35 percent of elderly Whites considered income to be a major problem. The tragedy for all aged poor is the permanency of their poverty. Having passed peak earning years, there is not the hope and expectation normal for others who may be temporarily poor, such as poor students and young couples who have the outlook for increased income in the future. As Lindsay and Hawkins (1974) point out, the most basic problems related to income, maintenance and housing for the black elderly are reflected in poor nutrition, poor physical and mental health, increased vulnerability, and high mortality. They conclude that even in the area of social relationships, which have provided a haven of hope for the many black aged, we still find pockets of old black people in "geriatric ghettos" who live out their lives in loneliness and isolation.

Given the very difficult and unique experiences common to many of the minority aged, the urgency for counseling assistance programs designed to more effectively address their needs appears imperative and consistent with the national policy on the aged. The magnitude of the minority aged's plight warrants immediate attention from the mental health community. Counselors, in order to help the minority aged, must be aware of their clients' present environment as well as their past experiences and unique life styles. Burgess (1976) contends that black clients are truly unique; they have lived through a turbulent period in American history that is responsible for many of the problems that they now face. She further asserts that elderly Blacks have many needs and counselors must be trained to deal with their specific problems.

A review of the literature relative to the counseling needs of the minority aged seems to indicate a dire existence for both remedial and preventative measures. These measures are consistent with the language of HR 1118. Under the remedial area are:

- Personal counseling for senior citizens with serious mental health concerns.
- Supportive counseling for persons with serious physical health problems.
- Motivation and adjustment counseling for individuals residing in or leaving residential institutions.
- Avocational counseling and retraining.

Under the preventive area are:

- Preretirement counseling.
- Life-long health education.
- Avocational opportunities and leisure activities.
- Programs of information regarding available services.
- Educational and recreational opportunities.
- Education of the general public.
- Counseling the families of senior citizens.
- Adequate training and employment of professional and para-professional counselors.

In addition to and in view of the fact that the poor minority aged are far more likely to warrant such services as identified in subject bill HR 1118, it is our belief that counseling assistance programs as identified in the subject bill should make a special effort to insure equitable attention to the poor minority aged population.

Specific Recommendations to insure this effort are as follows:

1. Assurance that the state plans will affirmatively identify and insure delivery of counseling services to minority aged groups.
2. Specific training for counselors of the minority aged.
3. Representative numbers of minority population counselor involvement in the delivery and reception of training activities.

An addendum to this testimony provides a specific language revision of HR 1118.

My second point reflects another aspect of concern to many counseling advocates for the elderly. This area involves the negative attitudes some young people have towards the elderly and the process of aging. Growing old does not seem so bad when you consider the alternative. It is essential to note that HR 1118 makes virtually no specific mention of incorporating youth involvement with the elderly.

What is needed is a major re-educational effort that portrays the elderly through a more positive image documenting evidence of their wide diversity of human potential and resourcefulness. Educational programs in gerontology should incorporate means to insure this dimension in their programming.

As reported by Bennett (1976), presumably if young people can be brought to terms with their own aging by counseling, guidance, and didactic techniques, they can also become more interested in working with the aged.

As Blake (1975) avers, counselors can use their influence to help change people's beliefs and feelings about aging and older people. The involvement of our schools with respect to aging beyond adolescence is almost nil. Courses and programs should be introduced into elementary school curricula designed to incorporate elderly involvement before stereotypes rigidify.

There are many young people who would become more actively involved in geriatric programs if we expend a major thrust to secure their involvement. I discovered this fact after assisting the Bowie State College Epsilon Sigma Chapter of the Omega Psi Phi Fraternity develop a Senior Citizens Needs Assistance Program. The program enables local senior citizens to take advantage of a year-round free service where fraternity members are available to do odd jobs which are much too difficult for the elderly residents to complete around their homes. A more comprehensive description of this program and a local newspaper article pertaining to it are attached to the full testimony for your information.

The argument for seeking involvement of youth in geriatric programming becomes more prevalent when we reflect on the outstanding input the youth group made during the 1971 White House Conference on Aging. Some ideas of the activities generated by the youth delegation at the conference include the following:

Pre-Elementary and Elementary School Levels

1. Utilize elderly persons as nursery school helpers and day care center supervisors.
2. Encourage school administrators to avail themselves of older persons as teacher aides, reading tutors, etc.
3. Provide situations for face-to-face interaction between young children and older people.
4. Hold a National Poster Contest on the theme "Young and Old Together."

High Schools

1. Encourage instructors in the social science fields (psychology, sociology, etc.) and in biology and health to include information on the mental, physical, and social aspects of aging.
2. In vocational education programs, promote courses which will train young people to work with older people in health institutes such as nursing homes and hospitals. Utilize retired workers as resource people or part-time teachers in vocational education courses.
3. For school activities such as plays, musicals, and sports, set

aside special accessible sections for older persons, both from the community and from nursing homes. Arrange special performances and provide the transportation.

Colleges and Universities

1. Emphasize research in gerontology.
2. Offer interdisciplinary courses dealing with the aging process.
3. Organize more opportunities for field experiences for credit.
4. Emphasize flexibility, both in involving various disciplines and types of placement offered.

Counselors can assist in facilitating these activities in the schools and encourage the programmatic interaction of youth with the elderly.

In conclusion, just as a little shrub may grow into a tree, it is my heartfelt notion that tomorrow belongs to those who prepare for it today. The futurists tell us that by the year 2000 there will be 30 million plus Americans age 65 and over, most of which will be women. Undoubtedly, they will serve as an integral and important element in our society. We would be remiss in our efforts today not to advocate the best possible counseling assistance programs conducive to fostering a comfortable and rewarding life phase for such a diverse and natural resource as the aged in our society.

Just as a rolling stone gathers no moss, complacency regarding the aged is a tombstone. We must act to keep this resource alive, well, and spirited.

On behalf of the organizations I represent, I thank you for the opportunity to present our views. I will be glad to respond to any questions you may have relative to this testimony.

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SPECIFIC BILL REVISIONS - HR 1118

Title I

Page 7, line 16: experiencing educational economic, cultural, social, ...

Title II

Page 10, line 10 (after)

(9.) assurance that the state plan will affirmatively impact the identification and delivery of program services to needy minority aged groups.

(10.) assurance that the state plan will include mechanisms for providing youth population involvement.

Page 12, line 7: disadvantaged, minority aged, and handicapped.

Page 12, line 13 (after)

(14.) providing for activities that engage the involvement of youth populations with the elderly, with emphasis on education, training, and service.

Page 17, line 7 (after)

(8.) will, in the training of counselors and support personnel, include appropriate training components on counseling diverse populations of older persons inclusive of minority aged, women, and the handicapped.

(9.) will, in trainer/trainee identification insure representative numbers of trainers/trainees from minority groups.

OMEGA PSI PHI FRATERNITY, INC.
EPSILON SIGMA CHAPTER
BOWIE STATE COLLEGE
BOWIE, MARYLAND 20715

PROJECT NEED ASSISTANCE

INTRODUCTION

Community service is a concept which focuses on providing social assistance to meet the urgent social needs of a community. In today's society, community service is a relevant issue and concern. There are many communities with many social ills yet fewer programs and services to combat them. The Omega Psi Phi Fraternity recognizes these social deficiencies and attempts to initiate and implement programs which will provide services to help eradicate these deficiencies. Project Need Assistance is one such attempt.

PURPOSE

The purpose of this project is three-fold. Project Need Assistance is designed to:

(1) perform a much needed handiman service for senior citizens in and around their homes;

(2) let senior citizens know that they are not a forgotten segment of our society;

(3) perpetuate the link established between the College and the community, and fostering a valuable learning experience for students.

DESCRIPTION AND APPLICATION OF PROJECT

Approximately three miles from Bowie State College is a small community called Huntington (Old Bowie). Geographically, Huntington is removed from the more metropolitan areas of Prince George's County. Huntington is more of a rural segment of the city of Bowie, Maryland. It is a community like many other communities--a community with many unmet social ills.

Investigating the concerns of the Huntington community, the Epsilon Sigma Chapter discovered a potent need which was not being met. The senior citizens of this community are in need of odd jobs or handiwork to be accomplished in and around their homes. Because many of the senior citizens are not able to perform these jobs, some of their homes have become dilapidated. Realizing the severity of this concern, the Federal government has responded to this unmet need. Monies have been granted to undertake the more skillful type jobs to upgrade these homes. However, the menial jobs have not been contracted. With this concern in mind, the Epsilon Sigma Chapter is responding by volunteering their services to the senior citizens of the Huntington community.

The Chapter has communicated with the Social Work Department of the College, the College Counseling Center, the Huntington Community Service Center, and the City Planner of Bowie. As a result of these communications, the Epsilon Sigma Chapter of the Omega Psi Phi Fraternity, Inc. at Bowie State College, through the Huntington Community Service Center, will be aiding the senior citizens of Huntington, as outlined in this proposal, beginning Fall 1976.

The Need Assistance project will be implemented in the following manner:

(1) A job bank station will be established at the Center.

(2) Any senior citizen who has a job to be performed will come to or call the Center and have the job listed at the job bank station.

(3) In listing the job, the citizen must give his/her name, address, telephone number, and a description of the job to be performed.

(4) Once a week, a designated member of the Chapter will check the job bank and report the listed jobs to the Chapter.

(5) Of the jobs listed, contact will be established with the respective citizens. The citizens will be informed as to whether or not the jobs can be accomplished by the Chapter. If the jobs can be performed, then the necessary arrangements will be made. If the jobs can not be performed by the Chapter, then some attempt will be made to get it accomplished by other means.

(6) All jobs will be carried out on the weekend. (This stipulation was made in order not to interfere with the academic and educational requirements of the members of the Chapter.)

SUMMARY

The needs of the Huntington community were first recognized at the College by the Social Work Department. Through the Department's efforts in coordination with the College Counseling Center and the Huntington Community Service Center, a community concept was established. This notion proved that a community could meet some of its social needs by bringing the various community constituencies together.

As the project completed its initial stages of development, it was recognized that there is still much to be accomplished in Huntington. The Epsilon Sigma Chapter discovered this and is attempting, in part, to resolve the situation. As the Chapter looks ahead, it is aware of other unmet needs which are as critical as those met. The Chapter foresees expansion of this project into many other areas of concern to the senior citizens of Huntington.

BOWIE NEWS
12/21/76

FORMER BIPPY COUNSELOR and Prince Georges school teacher, Rich Bruderman, has been hired as Bowie State College's new Integration Coordinator.

Bruderman comes to the college from Thomas Johnson Junior High School in Lanham where he has worked for five years as a counselor and chairman of the guidance department. For the past two and one-half years he also served part-time as a juvenile/family counselor for the Bowie Involvement Program (BIPPY).

Previously, while teaching for three years in the Prince Georges County School System, Bruderman did his graduate work in counseling at the University of Maryland and Bowie State College where he concentrated in Adlerian Psychology.

As Integration Coordinator, he will concentrate his efforts in the areas of recruitment, and monitoring integration legislation and ref. as the primary assistant on integration to the Director of Admissions, Jean L. Wicks. His expertise in counseling, coupled with his familiarity with the Bowie community, should help make him a valuable asset to Bowie State's Admissions staff.

THANKS TO LOCAL ORGANIZATIONS for their help in making the Christmas party for 150 underprivileged children such a great success two weeks ago Bowie State's Social Work Club, which sponsored the event, tips their hats to the Bowie Seventh Day Adventist Church, the Jewish Women Federation, ORT, the Visiting Nurses Association and the Bowie chapter of the American Legion.

The local kids were served punch and dessert, sang carols, visited with Santa, and each went away with a special gift because of these fine community groups.

SPEAKING OF HOLIDAY PROJECTS, the Cultural and Community Affairs Committee of the English Club sponsored a Thanksgiving Basket for a deserving Bowie family last month. The club solicited canned goods, and bought a turkey with the money they raised during the past semester.

Service projects such as these help Bowie State take a more active role in the community around us.

PROJECT: NEED ASSISTANCE? Local senior citizens can now take advantage of a year 'round free service sponsored by Bowie State's Epsilon Sigma Chapter of Omega Psi Phi Fraternity. These young men are available to do odd jobs around the house which older residents find difficult to complete.

A few weeks ago they put plastic covering over windows to help winterize the home of a local couple. These are not professional workmen but they are enthusiastic students who want to work weekends as handymen for our local seniors.

The service is provided free through the Huntington Center on Route 197. If you have any requests, call Rachel Brewer at 262-5548.

EDNA L. BLAKELY OF BOWIE was one of 18 Bowie State students to be named to "Who's Who Among Students in American Universities and Colleges." She is majoring in Early Childhood Education at BSC, and was chosen for her outstanding qualities in academic excellence, leadership ability, creativeness, integrity and dependability.

Other honored students from this area include: Jeffrey N. Crayton from Capital Heights; Ca'Rye Smith from Landover; Deborah L. Johnson from Oxon Hill; Yvonne Stone from Seabrook; Marilyn K. Manners and Carolyn M. Sanders from Seat Pleasant; Linda N. Lightbody from Edgewater; and Margaret M. Crawford from Suitland.

DO YOU KNOW, more than half of all women 18 to 64 years of age are workers, and 75 per cent of them are single, widowed, divorced, or separated? Statistics such as have prompted two new courses for next semester: Introduction to Career Planning, and Job Finding Skills.

Offered through Bowie State's College of Continuing Education, the courses will run consecutively from Feb. 3 to Apr. 5 at Belair Junior High School for a noe-credit fee of $20 each.

The first course on career planning will be offered on Thursday evenings from 6 to 9 p.m., Feb. 3 to Mar. 3, and will be designed for the woman who is seeking self-direction in setting goals; including assessment of interests and abilities.

The second course on skills will run on Tuesdays from 6 to 9 p.m., Mar. 8 through Apr. 5, and is designed to implement career goals; including concentration on interviewing, resume writing and application of assertive training.

Call the College of Continuing Education at 262-3350, Ext. 460, for registration information.

FACULTY NOTES — Katherine Cole, associate professor and specialist in career education, has been elected to a three-year term on the Board of Trustees of the American College Testing Program (ACT). A nationwide corporation, ACT serves over 3,100 institutions of higher learning with a wide variety of admissions and placement tests and research service.

Hind Nassif, assistant professor of anthropology, had the honor of reading a paper on Arab Women at two scientific conferences held this fall. Nassif read her paper on "The Professional Role of Women In Tunisia" at the AAUG Ninth Annual Convention in New York, and Tenth Annual Meeting of the Middle East Studies Association in Los Angeles.

Mr. BEARD. Yes; Mr. Solomon, you mentioned in your testimony the various programs that could be incorporated into the academic community that would be available to young men and women that would be interested in knowing more about the process of aging.

Don't you think, too, that it should start at a very early age.

It should actually start at home in the sense that counseling in the home of children who have developed a respect for the parents is part of the person's foundation. Then shouldn't there be an educational program throughout grammar school and junior high school and high school gearing young people to give them some understanding of what happens to a person when he reaches 65 or retirement age, the transition that a person has to go through from becoming the breadwinner in the family to, in some cases in this country, a second class citizen.

I truly understand your remarks in regard to the minorities in this country, especially elderly minorities.

The elderly, in general, have to get along on very little income—elderly blacks even a lot less.

They had to experience in their working years a lot less, so it's that much more difficult for blacks or other minorities to go through the aging process.

But do you think that if we had a program geared also to the grammar school level in some degree, and in junior high school and high school, that this would set the stage for people to have a great realization of what it means to grow old and what they have to go through?

Mr. SOLOMON. Yes; I would agree in the concept of incorporating programs and activities in the grammar school, in the elementary schools, throughout the educational system.

I think that just as learning is a lifelong process, that it is important that we understand all the ramifications of the whole process of aging in our society.

I think it begins in the home, and I think it even continues beyond preretirement, beyond retirement of the aging.

Even with the current research that is being completed today about the whole phenomenon and the depth and, indeed, life may continue to go on, although not in a physical sense, there is a lot of research being done by Dr. Moody, who is a psychiatrist, in this whole business of death counseling, et cetera.

But I think that this is something that should be incorporated throughout the education system, and with regard also to the elementary and grammar schools also being impacted.

I think that by bringing in the aging into the schools and having their involvement, this is the first step in that particular area.

I think that the whole business of family counseling where there is an elderly person in the family—in other words—I'm sure in many cases there are problems with the senior citizens in the family, the grandmother and grandfather.

I think that we need training counselors to be prepared to provide family counseling to families who have that type of situation.

So, yes, indeed, I think so.

Mr. BEARD. Thank you.

Mr. COHEN. Thank you, Mr. Chairman.

Mr. Solomon, you pointed out the major areas of difficulties of the aged blacks—income, health, crime, nutrition, transportation, and housing.

How could the Federal Government alleviate some of those problems through counseling?

How would it differ in terms of direction of the same counseling services to white aged?

Mr. SOLOMON. How would it differ?

Mr. COHEN. Yes. Let me point out to you that also in your testimony you indicate that the bill, H.R. 1118, should affirmatively identify where there are counseling services to minority aged groups.

Specifically, how was it to be accomplished, both from a legislative point of view and an administrative point of view?

I'm inquiring about the amount of difficulties you might have with existing laws which preclude identifying according to race, and how do you solve that problem of preclusion of identification by race, and at the same time identify the special counseling services to minority groups?

Mr. SOLOMON. OK. I'll try to answer that question.

Mr. COHEN. It's a long question.

Mr. SOLOMON. Yes; it is.

I would think that the first step is what is happening here today, having the opportunity to testify before this committee relative to minority aged needs and what have you.

It's a step toward working toward alleviating that problem.

I think that by having equitable representation on State planning committees, on State advisory committees, these are steps in the direction toward assuring that the minority aged are at least impacted.

I do recall in the 1965 Older Americans Act that there is specific mention relative to providing programs and services that do impact the minority aged.

Of course, there are very diverse and immediate problems that are inherent to the population dealing with the minority and their problems.

So I don't think that what we are requesting, that it be incorporated relative to programs and specifically just to the minority aged—I think that the problems are—they are problems that are facing the—all or most poor and aged.

So I think that what we would have to do at least is to make sure that we are represented on the State committees, the planning boards and decisionmaking groups that will draft plans.

Mr. COHEN. Doctor, you placed particular emphasis on the importance of church counseling and referral programs, and I was wondering if you thought it would be appropriate for the Federal Government to finance or otherwise assist church-sponsored programs.

Do you see that as one of the principal vehicles in which such counseling services could be expanded and administered?

Mr. SOLOMON. I believe so.

Pastoral counseling is an area that now is in vogue, and counseling should be able. Many of our elderly attend church.

On a Sunday morning you can find, I'm quite sure, most of the congregation is indeed the elderly, and I think that through working with churches who have a direct impact and a direct contact with the elderly, that programs channeled in that direction could be very beneficial.

Mr. COHEN. Thank you very much.

Mr. BEARD. Thank you, Mr. Solomon.

Before I call the next witness, I have a few items that I would like to get incorporated into the record.

I have a statement and a copy of the bill submitted by the chairman of the full committee, Chairman Claude Pepper of Florida.

If there's no objection, the statement and the full copy of the bill will be incorporated into the record.

Hearing no objection, the material will be printed as part of the record.

[Mr. Pepper's statement and a copy of H.R. 1118 follow:]

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GUIDANCE AND COUNSELING FOR THE ELDERLY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. PEPPER) is recognized for 15 minutes.

Mr. PEPPER. Mr. Speaker, together with 70 other Members, including several Members of the House Select Committee on Aging, I have introduced the Older Persons Comprehensive Counseling Assistance Act of 1977, H.R. 1116, H.R. 4311, H.R. 4312, H.R. 4313, and H.R. 4314. This bill would amend the Older Americans Act in order to provide expanded counseling assistance to the elderly sick and disabled. This is a reintroduction of similar legislation that I introduced in the 94th Congress and I am hopeful that during the 95th Congress it can be enacted.

That this legislation is desperately needed can be seen by examining several important facts. First of all, in the United States today over 21,000,000 Americans, or approximately 10.3 percent of the entire population, is over the age of 65. These older Americans confront daily life in a society in which ageism—the attitudes and actions that relegate older persons to a secondary or inferior status—is an endemic aspect of life and in which the elderly are treated unfairly with respect to health care, employment, social, recreational, educational, and cultural needs. In fact, many of the problems faced by older persons are directly or indirectly related to the attitudes and behaviors of the rest of the Nation's population.

Frequently, as a result of these attitudes and behaviors, older persons come to perceive themselves as helpless, worthless, nonproductive, and dependent on society. These self-perceptions are reinforced by their concerns over health, fear of crime, fear of loneliness, finances, boredom, lack of independence, and being neglected and rejected by the young.

Depression is a major problem among aging Americans and the suicide rate of those over 65 is substantially higher than for other age groups.

It is important that we realize that these problems will continue to become more and more widespread in the years to come as the percentage of the population that is over 65 increases and as changing social and economic patterns result in earlier retirement, thus accelerating the point at which Americans confront these problems.

The solution to many of these problems is to provide older persons with professional counselors and support personnel who are trained in human relationships and who have the skills and abilities to help older persons to see that they still do count and that they are capable of leading rich full lives. By participating in systematic, organized community counseling programs, older persons can develop new skills, behaviors and attitudes which will enable them to be as independent as possible and to lead meaningful lives in our communities and outside of our nursing homes.

In addition, professional counseling can help senior citizens with serious mental health concerns or with physical health problems which are compounded by emotional responses. The support and caring which counselors are trained to give bolsters the spirits, ends depressions, and gives motivation to recover by instilling the will to live.

Counseling can help those who are residing in or are leaving nursing homes and other types of living facilities to adjust. Residents need help in altering their own self-concepts, in terms of redeveloping a sense of independence and worth, and then in developing behaviors which can sustain them outside the facility. As for those leaving a residential facility, counselors are needed to follow up and provide important after care.

Another area in which counseling can solve the problems facing the elderly is in the area of preretirement preparation for retirement. By providing comprehensive guidance and information concerning social, financial, emotional, and other aspects of retirement, counselors would bring the need for planning to awareness, assist individuals in structuring budgets and health plans which meet future needs, assist individuals in developing alternative vocational, avocational, and leisure interests, and thus prepare older persons for the problems that come with changing social and emotional environments.

The Older Persons Comprehensive Counseling Assistance Act of 1977 would make badly needed counseling more available to older Americans by authorizing an appropriation of $45 million for the purpose of grants for the fiscal year ending September 30, 1978, and a like amount plus 7 percent compounded for each of the succeeding 4 fiscal years. These grants would be made by the Secretary of Health, Education, and Welfare, through the Administration on Aging, for distribution to State and area agencies on aging for support of agency counseling assistance programs for the elderly.

These programs would include initiation and development of counseling assistance for the elderly, preretirement counseling, career counseling, referral services to other health agencies, education and job placement, serving the special needs of those older persons who are disadvantaged or handicapped, and the providing of counseling to families of senior citizens. The bill also authorizes an additional $20,000,000 for the fiscal year ending September 30, 1978 and a like amount plus 7 per centum compounded for each of the 4 succeeding fiscal years for the purpose of providing preservice and inservice training of professional counseling and support personnel. These funds would be granted to postsecondary education institutions for the training programs.

Finally, the bill would authorize an appropriation of $15,000,000 for the fiscal year ending September 30, 1978 and a like amount plus 7 per centum compounded for each of the succeeding 4 fiscal years for the purpose of a demonstration and evaluation program to be carried out by the Commissioner of the Administration on Aging. These funds would be granted to examine existing counseling for older persons and to develop pilot programs to improve the delivery systems and counseling approaches specifically designed for the elderly. The money would also be used for such programs as identifying more effective methods for the training and retraining of counseling personnel and finding more effective methods and integrating counseling services into already existing services for the elderly such as legal services, health and nursing care agencies, and recreation facilities.

In addition to these authorizations of appropriations, the bill also includes administrative requirements concerning the grants, the training programs, and the demonstration and evaluation program.

I would like to express my gratitude to the American Personnel and Guidance Association for their help in preparing this important legislation.

The "Older Persons Comprehensive Counseling Assistance Act of 1977" would, if enacted, provide for the expansion of vital, systematic, organized community-based counseling assistance for our Nation's elderly sick and disabled. It goes beyond existing legislation which attempts to meet the needs of the elderly in aiming to rehabilitate them so that they may achieve dignity and self-respect rather than simply being concerned with health diagnoses and treatment at the least possible cost and effort. If we are genuinely concerned for our Nation's older citizens, we must act on that concern and we must enact this legislation. The lives of the elderly need not continue to be a daily existence of coping with massive problems of loneliness, health deficits, and social rejection at every turn.

95TH CONGRESS
1ST SESSION

H. R. 1118

IN THE HOUSE OF REPRESENTATIVES

JANUARY 4, 1977

Mr. PEPPER introduced the following bill; which was referred to the Committee on Education and Labor

A BILL

To amend the Older Americans Act and the Public Health Service Act to provide expanded counseling assistance for the elderly sick and disabled.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Older Persons Comprehensive Counseling Assistance Act of 1977".

TITLE I—GENERAL PROVISIONS

SEC. 101. (a) The Congress finds that—

(1) for too many of our Nation's older citizens, life is a daily existence only of coping with massive problems of loneliness, health deficits, and social rejection.

I—O

Legislation for older persons has too often expressed kindly concern for them while doing too little to rehabilitate them so that they can achieve dignity and self-respect. This approach to aiding older persons has not been adequately carried out by direct health care programs preoccupied with health diagnoses and treatment at the least possible cost and effort. Professional counselors and support personnel trained in human relationships have the skills and abilities to persuade older persons that they still count and can lead a fuller, richer life. Systematic, organized community programs of counseling can help older persons to develop the skills, behaviors and ways of looking at things that will make them as independent as possible, encouraging meaningful lives in the community and outside health care institutions;

(2) depression and physical ailments are major problems often faced by older citizens; and, physical health problems are frequently compounded by emotional responses. Counseling can provide older persons with the necessary support and caring to bolster spirits, motivate them toward recovery, and frequently, instill a will to live. This can be especially important in situations where family support is absent; counselors play life-sustaining surrogate roles;

(3) a central contribution that counseling can make to the lives of older citizens is to offer them a relationship based upon established purposes, mutual respect, a recognition that they can fend for themselves in many ways, and a belief that a continued self-directing status is possible. At present, there are few training programs or program components specifically designed for counseling oriented professionals and/or paraprofessionals to serve older persons. There are few counselors to address these vital needs and greater emphasis must be placed on the inclusion of gerontology into existing programs for the training and inservice of professional counselors and support personnel;

(4) older citizens have frequently been conditioned to view nursing homes and other residential facilities as necessary permanent living quarters, when in fact, many of the residents originally require only temporary care. These residents need help in altering their own self-concepts, in terms of redeveloping behaviors which can sustain them outside the facility. After-care and followup are also important for those individuals who have been released from residential facilities.

(5) until recently, little attention has been given to adequately assist older persons in their transition to retirement. To this extent, it is important to develop and

test various approaches to providing counseling assistance for older citizens. Demonstration activities are needed, including evaluation and dissemination, in terms of new technology, personnel utilization, and delivery systems with innovative administrative and structural designs to determine their effectiveness and efficiency in meeting the needs of older persons for counseling assistance; and

(6) there is a need not only for the establishment and improvement of counseling assistance program activities for older citizens, but also on the continued refinement, expansion, and strengthening of all services provided to older citizens such as those authorized in The Older Americans Act through area agencies on aging. It is the intent of this Act to fully utilize these existing resources on a cooperative, coordinated basis to maximize services to the public without duplication and waste.

AUTHORIZATION OF APPROPRIATIONS

SEC. 102. (a) There are authorized to be appropriated for purpose of grants under section 211, $45,000,000 for the fiscal year ending September 30, 1978, and a like amount plus 7 per centum compounded for each of the succeeding four fiscal years.

(b) (1) There are authorized to be appropriated for contracts for purpose of preservice training of professional

counseling and support personnel under section 221, $10,000,000 for the fiscal year ending September 30, 1978, and a like amount plus 7 per centum compounded for each of the succeeding four fiscal years.

(2) There are authorized to be appropriated for purpose of inservice training of counselors under section 221, $10,000,000 for the fiscal year ending September 30, 1978, and a like amount plus 7 per centum compounded for each of the succeeding four fiscal years.

(c) There are authorized to be appropriated for each fiscal year for purposes of section 231, $15,000,000 for the fiscal year ending September 30, 1978, and a like amount plus 7 per centum compounded for each of the succeeding four fiscal years.

SEC. 103. The United States Commissioner on Aging, through The National Information Resource Clearing House for the Aging, is authorized and directed to collect, analyze, prepare, and disseminate information related to the provision of counseling services to older persons.

DEFINITIONS

SEC. 104. For purposes of this Act—

(1) the term "agism" means all those attitudes and actions which relegate older persons, particularly those over sixty-five years of age, to a secondary or inferior status in society;

(2) the term "after-care" means the range of post-residential supportive services (including health, counseling, vocational, social, educational, and so forth) given to older persons released from nursing homes, hospitals, and so forth so that they can sustain themselves and become adjusted to independent living;

(3) the term "area agencies on aging" refers to those area organizations as defined in section 304 of the Older Americans Comprehensive Services Amendments of 1973 as amended;

(4) the term "commissioner" means the Commissioner of the Administration on Aging;

(5) the term "counseling" means the process through which a trained counselor assists an individual or group to make satisfying and responsible decisions concerning personal, educational, social and vocational development;

(6) the term "counselor" means a professionally trained individual whose role includes counseling, consulting and coordinating guidance and personal services programs;

(7) the term "designated State agency" means any organization indentified by the State, in accordance with regulations of the Commissioner, to (A) develop and administer the State plan for such State and B) coordi-

nate all State activities related to the purpose of this Act, with appropriate input to (A) and (B) above from such State's area agencies on aging;

(8) the term "Federal Council on Aging" refers to that Council appointed by the President as defined in section 205 of the Older Americans Comprehensive Service Amendments of 1973 as amended;

(9) the term "National Information and Resource Clearinghouse for the Aging" refers to that Clearinghouse established in section 204 of the Older Americans Comprehensive Services Amendments of 1973 as amended;

(10) the term "older persons" means those individuals over age fifty-five with special attention to those over age sixty-five, who may be experiencing educational, social, vocational, health, nutritional, and sensory problems associated with the human aging process; a changed lifestyle; and job or occupational obsolescence.

(11) the term "Secretary" means the Secretary of Health, Education, and Welfare; and

(12) the term "support personnel" means to include both preliminary stages; counseling as in "counselor aide" or briefly trained workers for functions closely related to counseling and in support of its as in "community workers".

TITLE II—COUNSELING ASSISTANCE PROGRAMS

PART A—ADMINISTRATIVE REQUIREMENTS AND GRANTS

STATE PLAN FOR COUNSELING ASSISTANCE PROGRAMS

SEC. 201. Each State which desires to receive a grant under section 211, shall submit through its designated State agency, a State plan for providing comprehensive counseling assistance services at such time and containing such information as the United States Commissioner on Aging may require. Such plan shall include—

(1) a description of the administrative arrangements, facilities, materials, personnel, goals and objectives, general program activities and method of distribution of funds which will be employed in carrying out such programs,

(2) assurance that funds received from grants under section 211 will be distributed only to area agencies on aging which submit to the designated State agency, plans for counseling assistance for older persons which shall include the purposes of such programs, and a description of the personnel, facilities, involvement of other community agencies, and resources which will be employed in carrying out such programs. These plans should include specific provisions for close and effective

cooperation with community agencies, groups, or interests which seek to or assist older persons.

(3) evidence that within the State plan, flexibility and experimentation is encouraged and provided for at the local level,

(4) establishment of a mechanism to insure that area agencies on aging work cooperatively with the designated State agency in the development of the State plan and the implementation of the counseling assistance programs,

(5) the establishment in the designated State agency of expertise in counseling older persons to carry out the purposes of this Act, including management of funds, local agency plans review, liaison between Federal Government and area agencies on aging or any other agencies/institutions involved in the receipt of funds under this Act,

(6) the establishment of positions for professionals, qualified consultants within the designated State agency to provide leadership and expertise for full implementation of the purposes of this Act, who shall be involved in preservice and inservice activities, funds administration, identifying materials and equipment, aiding with needs assessment and survey and methods for evaluation of programs,

(7) development of a system of program needs assessment which will be conducted on at least an annual basis and an evaluation of all activities and functions related to utilization of funds under this Act on a continuing basis,

(8) assurance that funds received from grants under section 211 shall be distributed only to area agencies on aging which designate qualified professional staff to provide leadership for counseling services to older persons.

PART B—STATE COUNSELING ASSISTANCE PROGRAMS FOR THE ELDERLY

AUTHORIZATION AND USES OF GRANTS

SEC. 211. (a) The Secretary, through the Administration on Aging, shall make grants to States having approved plans under section 201 for distribution to area agencies on aging and for support of State agency activities on the basis of statewide needs and priorities, for counseling assistance programs for the elderly. Each State shall designate the State agency suitable for such State plan development and administration. State plans shall be formulated with the assistance of, and funds solely distributed to, those area agencies on aging with a counseling assistance component as described in (b) of this section.

(b) Grants under this section may be used, in accord-

ance with State plans approved under section 201, for the following purpose:

(1) initiation, implementation, and development of a counseling assistance outreach program for the elderly, with particular emphasis on the homebound and nursing home residents;

(2) initiation, implementation, and development of preretirement counseling programs for older persons;

(3) career counseling assistance programs for second careerists and those persons affected by mid-career change, and job obsolescence;

(4) career counseling assistance for those elderly persons seeking postretirement paid or volunteer employment;

(5) referral services including psychological, health, educational, cultural, social, transportation, nutrition, and retirement and social security services for better personal adjustment;

(6) activities that create positive community and media image of the conditions, problems, and concerns of older persons;

(7) activities that sensitize the counseling and education community to the counseling needs of the aged and aging;

(8) providing supportive media and equipment;

(9) providing professional, trained counselors, skilled in problems of the aging and aged, to program coordination and leadership functions in local, State, and Federal agencies implementing provisions of this Act;

(10) providing for education and job placement;

(11) serving the special needs of financially disadvantaged and handicapped older persons;

(12) providing for the services of paraprofessional and other support staff;

(13) providing for counseling for families of senior citizens who are sick and disabled, with emphasis on the families of individuals who are entering, residing in, or leaving skilled or intermediate care nursing homes.

STATE PROGRAM REQUIREMENTS

SEC. 212. No grant to a State under section 211 shall be made unless the Commissioner determines that—

(1) there is a written statement of objectives by sponsoring area agencies on aging within each State through counselor involvement, in such agencies, with older persons identifying the goals of the counseling programs as it relates to the needs of the elderly in the community;

(2) any statement of objectives formulated in a State by a State agency be based on a comprehensive

needs assessment of counseling needs of elderly persons, derived from area agencies on aging in that State;

(3) the basic program of counseling assistance for other programs include the discrete dimensions of counseling, consulting and coordinating services, orientation, explorations, information, appraisal, placement, referral, research followup and followthrough activities; and

(4) each area agency on aging in the State develop operating agreements, as part of its overall plan, with such community and private groups and agencies as the public employment service, Social Security Administration, vocational rehabilitation service, church organizations, community mental health agencies, and other community resources, that provide for close and effective cooperation and avoidance of duplication in order to provide assistance to older persons of the community.

PART C—COUNSELING PERSONNEL TRAINING AND RETRAINING

AUTHORIZATION AND USES OF GRANTS

SEC. 221. (a) From the sums appropriated under section 102 (a), the Commissioner shall carry out a program of contracting with postsecondary education institutions, area agencies on aging, and other appropriate State agencies, for

purposes of providing needed training and retraining of counseling personnel. Such program shall be based on the results of a comprehensive older persons needs assessment which shall include analysis of local and national resources accessible to this population; determination of this group's geographic, economic, and mental and physical health needs; and local and national employment trends and attitudes related to this group's opportunities in both the paid and unpaid workforce—and shall serve the following purposes:

(1) upgrading the preparation programs of future counselors through the inclusion of courses in gerontology, preparation for retirement, thanatology, financial, social, and self-management skills for the older person, career changes, mobility and advancement, changing one's lifestyle, and the restructuring of the family,

(2) providing opportunities for the establishment and development of short-term and long-term inservice training institutes for practicing counselors so that these vitally needed competencies in working with older persons may be obtained,

(3) providing training programs for support personnel working with counselors of older persons in multiple settings.

(b) For purposes of this part; the term "counselor" includes those professionals who meet certification requirements

established for and by their agency or organizational settings, such as schools, community agencies, rehabilitation settings, career counseling centers, postsecondary educational institutions; while—the term "support personnel"—includes persons with special training to perform limited guidance—related tasks such as career information specialists, counselor assistants, community aides, employment specialists, secretaries, clerical aides, technicians, and peer counselors.

TRAINING REQUIREMENTS

SEC. 222. No contract under section 221 within postsecondary educational institutions, area agencies on aging, or other appropriate State agencies for training counseling personnel shall be entered into by the Commissioner, unless the Commissioner determines that such training program—

(1) will develop in the participant both an understanding of, and an ability to work productively with, older persons seeking or needing counseling assistance,

(2) will, in the training of support personnel, include appropriate levels of helping competencies in those skills and services which will assist counselors to work more effectively with older persons,

(3) includes in the selection process for counselors and support personnel to be trained, effective processes for identifying persons with the wish and the potential for working with older persons,

(4) provides for exposure and experience of the person in training to the older person's habitats, lifestyles, needs, and expectations,

(5) gives evidence that a variety of participatory activities takes place through such planned, coordinated, and supervised experiences as practicum, internship, field placement, and other continuing and in-depth opportunities for the practice of skills in counseling older persons,

(6) assures greater program quality, consistency, and sequence by providing that the professional personnel, who are trained to assume the overall coordination and implementation of programs in counseling the older person, will have developed certain competencies standing the test of evaluation including but not necessarily limited to (A) individual and group counseling skills; (B) the counselor and support personnel as advocates and ombudsmen for the older person; (C) personal and professional leadership qualities; (D) management of a comprehensive older person counseling program; (E) consultative referral and coordinative skills demonstrated with related staff and agencies, community persons, the client's friends and family members, and others; and (F) skills in securing appropriate and desirable placement of the older person and the training,

work, or volunteer placement he or she might desire, and

(7) gives evidence that educators in such institutions of higher education who are responsible for training guidance personnel shall include a consortia of outside resource persons in the planning and delivery of learning experiences for developing these new competencies.

RETRAINING REQUIREMENTS

SEC. 223. No contract under section 211 with a post-secondary educational institution, area agency for the aging, or any other State agency for the retraining of professional counselors and appropriate support personnel shall be entered into by the Commissioner unless the Commissioner determines that such retraining program—

(1) is an organized, coordinated program of retaining which is systematized and localized to meet both the unique needs of the counselor in retraining,

(2) employs the concept of an interdisciplinary team and multiagency or institution consortium to assess the needs and evaluate the program of counseling for older persons,

(3) is based upon the need assessment for the locality (as described in section 221), and includes a contract for retraining of the counselor with the training

institution, appropriate agency or agencies, or other resource personnel who will participate,

(4) provides that the counselor in retraining will demonstrate mastery of the competencies described in clauses (1) through (8) of section 222, and

(5) gives evidence for a multiplicity of vehicles through which contracted retraining experiences may be coordinated to meet the needs of both the counselor and his/her future client, including, but not necessarily limited to such vehicles as staff meetings, supervised practicums and internships with various agencies, self-study and report, formalized court work, educational television or telephone networks and conferences.

PART D—DEMONSTRATION AND EVALUATION

PURPOSES OF PROGRAM

SEC. 231. (a) From the sums appropriated the Commissioner on Aging shall carry out a program of demonstration and evaluation for purposes of—

(1) identifying existing effective practices in counseling older persons by a thorough examination of the state of the art in counseling older persons,

(2) identifying where further development is needed in providing effective counseling services for older persons,

(3) promoting demonstration activities in counseling older persons through the encouragement of pilot projects and the publication of developments in multipurpose facilities and delivery systems and counseling approaches designed specifically for the elderly,

(4) providing for the communication of proven effective and efficient counseling programs for counseling older persons especially in the areas of continued education, leisure time activities, paid or unpaid employment, and vocational retraining,

(5) insuring that older persons are aware of and can make use of the services available to them in the community, and

(6) developing model training programs at the preservice and inservice level for professional counselors and support personnel.

(b) Demonstration and evaluation projects under this section may include—

(1) innovative techniques for, and approaches to counseling older persons,

(2) identifying effective methods for communicating information on how to develop programs for counseling older persons that meet the needs of the persons served and the staff in the setting,

(3) identifying more effective methods for the training and retraining of counseling personnel working with older persons,

(4) identifying more effective methods for integrating counseling services into already existing services for the elderly such as legal services, health and nursing care agencies, retirement and social security service, employment services, volunteer services, and recreation facilities, and

(5) development of multimedia materials which provide information on such areas as availability of work options for older persons, location of community services, availability of and function of counseling services, and coping with problems common to many older persons.

Mr. BEARD. Also, I have a statement by Dr. Harold Riker, professor of education, counselor education department, at the University of Florida.

If there is no objection, I would like to incorporate his whole statement into the record.

Hearing no objection, the material will be printed at this point in the record.

[The statement of Dr. Riker follows:]

Prepared Statement Submitted by Dr. Harold Riker

Hearing of the House of Representatives'
Select Committee on Aging
Dallas, Texas

American Personnel and Guidance Association
March 9, 1977

I am Harold Riker, Professor of Education, Counselor Education Department, at the University of Florida, and an Associate of the University Center for Gerontological Studies and Programs. I very much appreciate this opportunity to add my comments to those already made at this hearing of the House of Representatives' Select Committee on Aging regarding the Older Persons Counseling Assistance Act (H. R. 1118).

This proposed Act is well worded and includes a comprehensive statement of purposes and directions, as well as realistic procedures for implementation through existing state programs and postsecondary educational institutions.

This Act clearly reflects the direction this country must take to counteract the devastating effects of agism and to give older persons a fair and reasonable chance to realize their potential for living a richer, fuller life. The periods of older age do bring changes in personal, social, and economic conditions and requirements that affect the quality of life. From infancy onward, each individual faces changes and new experiences; but in older age periods when coping with changes may be more difficult, it is important that the individual have new kinds of experiences which are both meaningful and personally rewarding. Counseling assistance programs and professionally trained counselors have special capabilities, which no other professional group offers, for helping older persons to have these kinds of experiences.

I have two additional points to make. The first concerns the firm establishment and continued support of key positions for professionally trained counselors. This Act suggests or implies, for example, a coordinating counselor position in the central state offices for aging programs, a counselor position in each of the district and/or area offices within a state, and a counselor to join the activities director as a team member to work in nursing homes and other care centers of appropriate size.

In connection with such positions, some safeguards are required to insure the appointment of qualified professional counselors. As an example, the Administration on Aging placed "legal and other types of counseling" high on its priority list for services in 1976. In response, one state agency appointed an attorney to its staff. Legal services are important, of course; but, in my opinion, the AOA priority was only partially met because other types of counseling were not provided. A trained, professional counselor should have been employed to insure these services too. Adequacy of training must be emphasized to avoid the employment of individuals who are given the label of counselor with being properly prepared. It is important also that salary levels be high enough to attract qualified personnel. Proper overall funding is essential.

My second point is that it is of the utmost importance to get professional counselors into the field and working directly with older persons as quickly as possible. To the best of my knowledge, trained counselors working primarily with older persons are almost non-existent at the present time. A few are to be found at mental health centers, although administrative responsibilities often seriously limit actual time for counseling. Counseling services are occasionally reported elsewhere but, when examined, they often prove to be superficial. This urgency has a two-fold base. First, we need practice reports from professional counselors in the field regarding roles and techniques which seem to be most effective and useful in work with older persons. And, second, we need professional counselors in the field who can provide leadership for research on additional ways to bring greater mental and physical vitality to individuals during the mature years of life.

From time to time, titles III and VII of the Older Americans Act and title 20 of the Social Security Act, have mandated support services including counseling for older persons, but no legislation that I know about has specifically authorized funded positions to make counseling services a reality. The Counseling Assistance Act partly provides this all-important element, and I sincerely hope that each of us here this morning will assume a leadership responsibility in encouraging widespread support to insure its final passage. Thank you.

Mr. BEARD. At this time I would like to call on Dr. Daniel Sinick, professor of education at George Washington University, Washington, D.C.

Delighted to have you, Doctor.

STATEMENT OF DR. DANIEL SINICK, PROFESSOR OF EDUCATION, GEORGE WASHINGTON UNIVERSITY, WASHINGTON, D.C.

Dr. SINICK. Thank you.

I am Daniel Sinick, professor of education at George Washington University in Washington, D.C., where I direct a graduate program for the preparation of rehabilitation counselors, who provide counseling assistance to adults with physical, mental, or emotional disabilities.

I am a certified psychologist, a fellow of the American Psychological Association, and a member of that association's division on adult development and aging.

From 1973 to 1975 I served as chairperson of the American Personnel and Guidance Association's Commission on Middle-Aged and Older Persons, now called the Committee on Aging, of which I am currently a member.

I am also a member of the National Council on the Aging and have served as consultant to the American Association of Retired Persons.

As a consultant to the U.S. Civil Service Commission, I conducted a study reported in a book titled "Retirement Planning Programs" and published in December 1968.

In July 1969, I testified before the Mondale Subcommittee on Retirement and the Individual, of the Senate's Special Committee on Aging.

In the spring of 1976 I initiated a graduate course at George Washington University on "Counseling Older Persons," a course I am teaching this spring semester as well.

I am the author of a book titled "Counseling Older Persons," to be published in August 1977, by Human Sciences Press.

The September 1976 "Vocational Guidance Quarterly," the journal of the National Vocational Guidance Association, carried an article by me on counseling older persons in regard to career change and retirement.

Finally, I was guest editor of a special issue—November 1976—of the Personnel and Guidance Journal,[1] the journal of the American Personnel and Guidance Association, on counseling over the lifespan.

This background is provided as evidence of my interest in H.R. 1118, the Older Persons Comprehensive Counseling Assistance Act. This is a most commendable piece of legislation that, if passed and implemented, would be a landmark on the road to equitable services for older persons.

My comments are not intended to be critical in any negative way but to indicate a number of areas touched on in the bill that might merit added emphasis or some expansion.

Proper emphasis is given careers, jobs, and continued employment—all conceptually and practically in keeping with the centrality of the work ethic in our society. Since people do not live by work alone,

[1] A copy is retained in committee files.

however, counseling assistance must pay adequate attention to leisure activities involved in living as well as to activities involved in making a living.

Enjoyment of one's work and self-fulfillment in one's work are important goals of counseling assistance, but enjoyment and self-fulfillment through leisure activities are also achievable goals of importance to large numbers of individuals. The overall goal of counseling, as of living, combines work goals and leisure goals into an integrated entity calculated to maximize the total enjoyment and self-fulfillment of individuals served.

Related to both types of goals and requiring adequate attention, too, is continuing education.

Whether academic or nonacademic, whether formal or informal, whether full-time or part-time, continuing education can contribute to one's total enjoyment and self-fulfillment. It can enhance one's avocational interests and skills, as well as vocational capabilities. It has the potential for productive use of one's leisure time toward enrichment of further leisure time or toward maintenance or development of job-related skills.

Continuing education, or lifetime learning, can help to make leisure-time activities more than ways of passing time or killing time.

In regard to job-related skills, the concept of continuing education incorporates not only book learning but also training at all skill levels through experiential learning. Research evidence indicates, incidentally, that continued involvement in either mental or manual activities tends to prolong one's longevity.

If leisure goals and work goals are to be achieved by the large segment of the population that is the target of H.R. 1118, adequate attention must also be given women and minorities.

These groups, as they enter the ranks of older persons, carry with them all or most of the special problems they have previously encountered in our society.

Stereotyping, stigmatization, and subjection to bias, prejudice, and discrimination often mark the lot of many members of these groups.

Counseling assistance for older women and older members of minority groups must be based on freedom from bias and on the specialized knowledge and expertise needed to serve these individuals effectively.

Since older persons in general are frequently affected adversely by agism, a set of negative biases paralleling sexism and racism, counseling assistance calls for awareness of this disfavoring phenomenon and for requisite expertise toward avoiding or countering and overcoming the ill effects of agism.

Prejudice toward older persons results in stereotyping them as physically debilitated ("over the hill"), psychologically decrepit ("losing their marbles"), and even morally debased—witness the common expression, "dirty old man." Older persons are also stigmatized as inferior and accorded second-class status.

Such prejudicial postures constitute barriers to older persons' attaining the enjoyment of living and the self-fulfillment in life that they continue to deserve together with younger persons.

Discrimination against older persons is the behavioral counterpart of underlying prejudice toward them. Discrimination manifests itself

in many ways, at least two of which merit adequate attention in relation to counseling assistance.

Mandatory retirement, usually at the arbitrary age of 65, prematurely ousts numerous individuals whose maturity, stability, and judgment are not necessarily replaced by their replacements. The experience and competence of large numbers of older persons are forfeited in many instances when they are forced to retire.

The injustice of fixed retirement ages is compounded under pressures for even earlier retirement.

Another manifestation of discrimination relates to efforts of older persons to gain employment, whether before or after retirement. Despite legislation on the books that is intended to minimize, if not eliminate, age discrimination in the hiring process, the jobseeking experience of older persons continues to indicate the prevalence of traditional practices, mainly recourse to transparent pretexts or spurious reasons for rejecting older job applicants. Hurdles of various kinds are commonly set up that bear little or no relationship to performance on the job.

Research repeatedly reports, as summarized in the Summer 1976 issue of Industrial Gerontology, a professional journal published by the National Council on the Aging, that the job performance of older workers compares favorably on many dimensions with the job performance of younger workers.

This general and pervasive finding is pertinent to both employment of older persons and their retirement.

Preretirement planning also demands adequate attention in the provision of counseling assistance.

Deliberate planning prior to retirement is essential for many—perhaps most—individuals if they are to achieve either of the twin goals of enjoyment and self-fulfillment.

My study for the U.S. Civil Service Commission ("Retirement Planning Programs," 1968), which involved several thousand retired Federal employees and employees eligible for retirement, found that 9 out of 10 of both groups saw value in preretirement planning programs and liked the programs they had attended.

One of the recommendations of the 1971 White House Conference on Aging is that our society adopt a policy of preparation for retirement and that every employer assume a major responsibility for providing pertinent preparation. For such preparation to be maximally effective, one must add, it should go beyond the bare dissemination of information—often restricted to retirement income—and should incorporate counseling assistance.

Adequate attention must be given, finally to the attitudes of society that underlie many of the areas of concern in attempting to provide comprehensive counseling assistance to older persons. Both prejudicial attitudes and discriminatory behavior are clearly seen as barriers to attainment of the legitimate goals of older persons. Efforts must be directed toward both sets of barriers at the same time.

Some of the behavioral barriers evidenced by various types of discrimination may be weakened or washed away by direct attacks upon these inequitable practices.

Direct attacks upon behavioral barriers may in some instances also weaken related attitudinal barriers. Underlying attitudes often re-

main unchanged, however, even with weakening or removal of behavioral barriers. Attacking attitudes as well as behavior may not only demolish some behavioral barriers but also prevent the erection of other behavioral barriers.

To develop a sound attitudinal base in our society on which to build comprehensive counseling assistance, a broad, pervasive, and persistent campaign of public education must be conducted.

The 1971 White House Conference on Aging recommended that "a continuing national program for education of all persons should be provided about the specific physical, mental, and social aspects of aging."

Included in such education of the public would be the positive aspects of adulthood and aging, the potentials of older persons for vocational and avocational accomplishment, for achievement of continued enjoyment and self-fulfillment. Education about aging over the life span should most appropriately start at the earliest school levels, for two reasons.

One reason is that attitudes are shaped early in life and require early inputs if wholesome attitudes are to be developed toward older persons.

The other reason is that younger persons become older persons and need general understanding of the life span through which they will be proceeding.

Wholesome attitudes within our society toward older persons and lifespan perspective on the part of all persons as they grow older will facilitate efforts to accomplish the objectives of the Older Persons Comprehensive Counseling Assistance Act.

Thank you.

Mr. BEARD. Thank you, Doctor.

With no objection the comments on H.R. 1118 submitted with your prepared statement will be printed at this point.

[The comments follow:]

Comments on H. R. 1118
by Daniel Sinick

Page	Line	Comment
1	pre-1	"... to provide expanded counseling assistance for" older persons. The term "elderly" is better avoided and the "sick and disabled" do not seem to be the bill's target population. These terms should be changed or eliminated elsewhere.
1	7	Here and elsewhere, change "citizens" to persons, as citizenship has little to do with the counseling assistance to be provided.
7	18	Change "job or occupational obsolescence" to technological displacement or involuntary early retirement. Make similar changes elsewhere.
7	22	"both preliminary stages" not clear.
11	11	Here change "and job obsolescence" to technological displacement, and skills obsolescence.
11	19-20	Incorporate specific mention of employers as targets of these activities.
11	22-23	Incorporate younger persons as targets for attitudinal education.
12	6-7	Incorporate women and minorities as target groups.
17	5	Change plural "consortia" to singular consortium, if that is the word wanted.
17	16-17	Something seems to be missing.
18	12	Change "court" to course.

Mr. BEARD. I just made an observation during your presentation that in most civilizations of culture throughout time—for example, the Chinese—there's a high degree of respect for their elderly.

Yet, in this country here, the most wealthy powerful country in the world, the elderly people across the board suffer discrimination, treated by many as second-class citizens, sheltered back, put into nursing homes at the—sometimes at the convenience of their loved ones, all to be forgotten and eventually phased right out of their lives. I can tell you this in my own firsthand experience of investigating nursing homes that many, many times the cycle starts where youngsters and other relatives will come to the homes, visit their loved ones in the very beginning, and then eventually taper off.

In some cases they are very, very lucky they can see their family on the holidays, the aging parents.

So there's something lacking in society.

What do you think that we can do or what do you think this country can do to instill a different attitude in Americans—that have quite a bit going compared to some of the countries that we know—what can we do?

Dr. SINICK. I appreciate the thrust of your questions.

I think you hit the central core of the problem, and I think I can come back to some of the last comments I made in my testimony regarding the underlying attitudes which really have to be dealt with.

I think underlying attitudes have to be dealt with in the early educational and home and other experiences that people have.

Some of the efforts that I think have been researched, which I think Mr. Solomon testified to, with respect to trying early in an individual's life to instill an appreciation of older persons and their problems—for example, with the—with the students of social work or related kinds of programs such as counseling to engender interest in their field worker internship and agencies where there are older persons such as nursing homes or hospital settings or others.

When students are given their choices, and they ordinarily are, of the kinds of institutions or facilities in which they would like to do that field work or experience, only a small minority go out for older persons dealing with people who are moving on toward—beyond retirement toward dying.

We only know the physicians and other people in the medical profession really are not turned on by providing their assistance to dying persons.

They want to be able to engage in work that deals in successes or yields. These are successful experiences more for themselves than for the patients and people that they're trying to assist.

Well, the same thing appears to affect the preparation even of those entering health professions.

Now, it's difficult in changing the attitudes that people bring into their own efforts to be helpful individuals.

How much generality of the population are we talking about?

I think the difficulty in changing attitudes of people in this respect later in life suggests that one—that our society as one entity must start early.

The schools are generally oriented toward knowledge, information, transmitting traditional knowledge, and talking to people can incur relatively quickly.

It can be instilled in people.

But attitudes cannot so change overnight. Attitudes and learning typically take a longer period of time, and we know that when we prepare professionals.

One of the reasons that we have expanded preparation at the relative level is that so much of the preparation involves turning around attitudes so that a helpful professor will not simply have a body of knowledge and an array of techniques to use, but will have the timely understanding attitude appreciation of other people to whom these techniques and schools can be brought with added assistance.

Well, this is the emphasis that I would suggest.

Mr. BEARD. Thank you very much, Doctor.

Mr. Cohen.

Mr. COHEN. Doctor, I want to commend you for your statement.

In response to Congressman Beard, I think one aspect has to be that language plays a very important part in our prejudicial or discriminatory practices.

Now that we have—if I can be partisan for just a moment—now that we have a Republican semanticist from California in the U.S. Senate, perhaps we'll make some progress there as well.

But I would like to, for the benefit of the members who are here today, point out the complete statement that you hear with recommendations to this committee that are very important.

I have had the chance to read your statement on the way down on the plane, and accordingly I altered my own language for my presentation this morning.

If I could, I would just like to read a couple of comments to be offered.

On page 1, "* * * to provide expanded counseling assistance for older persons," is the suggested language.

"The term 'elderly' is better avoided and the 'sick and disabled,'" as it's phrased, "do not seem to be the bill's target population. These terms should be changed * * *."—a very positive recommendation as far as language changes to effect attitudinal changes as well.

On page 7, "Here and elsewhere, change 'citizens' to persons, as citizenship has little to do with the counseling assistance to be provided."

Page 18, "Change 'job or occupational obsolescence' to technological displacement or involuntary early retirement." Again, that's a very positive change.

I would like to commend you for your scholarship.

On page 17, line 5, we note that you would change the plural 'consortia' to the singular form, "consortium." It should be changed to consortium, with the added caveat that that's the word we wanted in the first place.

The only question I would have in terms of your commentary at page 17, lines 16 and 17, "something seems to be missing"—and I would—just looking through the bill, I'm not sure I know what you mean.

Page 17, lines 16 through 17.

Let me read that.

Subparagraph 1: "(1) is an organized, coordinated program of retaining which is systematized and localized to meet both the unique needs of the counselor in retraining."

I'm not sure what that means myself, but I'm not sure what you mean by what's been said.

Dr. SINICK. "Is an organized, coordinated program of retaining which is systematized," and it just seems to be a little—there seems to be something needed.

Mr. COHEN. Again, let me commend you for your statement in response to Congressman Beard.

I tried to point out earlier that this whole question of attitude is something that's not confined to America or the Western Society. It's been with us for centuries.

Literature is filled with derogatory references to the status of being old or growing old from Greek and Roman times through to the present, so it's a deep-seated problem and one which we have to start, and I think your changes and recommendations to improve the bill are positive and very commendable.

Thank you.

Mr. BEARD. Thank you, Doctor.

The next witness is Dr. Dolores Davis, executive director of the National Center on Black Aged, Washington, D.C., former gerontologist for the U.S. House of Representatives, Select Committee on Aging.

Welcome back.

STATEMENT OF DR. DOLORES A. DAVIS, EXECUTIVE DIRECTOR, THE NATIONAL CENTER ON BLACK AGED, WASHINGTON, D.C.

Dr. DAVIS. Thank you.

Greetings, Mr. Chairman, Mr. Cohen, and committee members and members of APGA.

I would like to delete the first few paragraphs of my written testimony because they were not appropriate, and I would like to replace them with some concerns that I have as a member of the American Personnel and Guidance Association.

This is the first time that I have testified before the House Select Committee since serving as a staff gerontologist.

I took this opportunity to serve because my roots are deeply embedded in the field of guidance and counseling.

I received my master's and also specialist in the field of guidance and counseling, and I know the tremendous contributions that constant training and education can make to the field of gerontology.

I also took time in a very, very busy schedule to come to Dallas from Washington to testify before this committee and sacrifice funds from a very limited travel budget to attend this conference.

So I'm extremely disappointed this morning that my colleagues are not here to hear the important contributions that counselors can make to gerontology education.

I think, furthermore, that there should have been an emphasis on black aging to develop a program to sensitize, first, counselors.

As I was serving as staff gerontologist, the difference is that this is not a conference devoted to the concerns of the aging, that is a big difference.

Guidance counselors are interested, I guess, in problems across the life spans, but they have not been trained to think about it, to be sensitized to the problem of the aging.

When I woke this morning, I heard on the radio that the greatest increase in population are persons over age 65.

We are going to need people and we are going to need counselors to help those persons, and so those are the things that I would like to say to my colleagues, take them back to the persons who are not here, and I hope that we, the National Center on Black Aged, can develop a program, a reasonable program to sensitize counselors to the tremendous needs of all senior citizens in this population.

Particularly the sick and disabled elderly. I disagree. I think those terms are valid because our study on the sick and elderly and the particular needs that the sick and frail elderly have that all senior citizens don't have. So I think that we have to be careful and note that the elderly have different needs.

The sick and disabled elderly are a particularly vulnerable segment of our population. The counseling needs of this clientele call for the development of bold, new and innovative approaches in guidance and counseling practices by counselors, educators, and practitioners.

As you know, the foundation of the counseling profession is dependent upon the principles of unconditional positive regard, acceptance, empathy, understanding, caring, and protection of human dignity and individual rights. However, our training in counseling, except in unusual circumstances, has failed to prepare us in how to first cope with our own fears of growing old or coming to grip with our own disabilities and infirmities brought about with increasing age and the ultimate acceptance of our own dying. Second, training in counseling laboratories in schools, vocational and rehabilitation centers has not provided us the experience of counseling the aged sick and disabled and training in counselor education has traditionally omitted the principles and dynamics of life-span counseling.

So, I think that it becomes apparent that in-service training of counselors and counselor aides must be a necessary component of an effective guidance programs for the aged sick and disabled. There has to be a greater recognition of the need for the inclusion of gerontology training in counselor education and all areas of the behavioral sciences. In the past our attention has been directed toward the custodial care of clients at the expense of their emotional needs.

I believe it is also the responsibility of practitioners in the field of counseling of the aged, of sick and disabled, to develop appropriate outreach strategies—that is another problem—that will positively affect interactions with the formal and informal support system of the frail aged client.

They are primarily dependent upon their families, neighbors, and friends for their care so that they can live out the remaining years of life in their own homes. Teams of home health professionals will also be needed to provide necessary assistance to families.

It should be noted that the counseling needs of sick and disabled blacks over 60 years of age are somewhat different. Approximately 95 percent of these clients are totally dependent upon the supplemental social security (SSI) and medicaid programs. These poverty programs further inhibit their ability to receive adequate health care either in their homes or via institutional care.

Independent living in their own homes means that a larger portion of their meager income must be spent on spiraling and inflationary health costs.

Institutions which accept medicaid patients have long waiting lists, and there are also many institutions which deny access to medicaid patients because of the processes involved in being reimbursed for their care. In many cases medicaid does not cover the total cost of this care.

The black elderly suffer from multidecrements at an earlier age than white elderly. There is also a 7½-year differential in the life expectancy patterns between black and white elderly.

Lacking in economic resources, black communities have developed extended family support systems. Often the church, particularly the prayers offered by the pastor and the church community, provides the aged sick with great psychological healing and comfort. Therefore, I recommend that any guidance program for the aged, sick and disabled, include an expanded pastoral counselor training and services program.

I wholeheartedly endorse the reintroduction of H.R. 1118, Older Persons Comprehensive Counseling Assistance Act of 1976 on January 6, 1977, by Congressman Claude Pepper. Through this act, financial support should be extended to strengthen and broaden church and community programs which in many cases, particularly in many black communities, is the only available counseling assistance to the aged sick. These programs are usually sponsored by the charitable contributions of senior citizen church groups as these are the individuals who are painfully aware of the need to be cared for in old age. They believe that if they fulfill their responsibility for caring for the aged sick, ill and infirm, that surely this kindness will be returned doublefold.

One of the reasons I think this bill is so significant, because it also contains provisions not only for a change, but also with employment at the end of the training that is a necessary component of any training program at the state area agency level to provide opportunities for employment services for counselors.

I know that we, the professionals of the American Personnel and Guidance Association, can support this premise. We all agree that we are all deserving of as much, if not more, human dignity in old age. I think we have earned that much.

I would hope that we would all go back and support this bill and tell our congressmen who are now here that we support this bill.

We must prepare now to meet this urgent need. Today, 1 out of every 10 Americans is over 65 years of age. By the year 2020, one out of every seven Americans will be 65. As Dr. Robert Butler so aptly states, "The greening of America has become the graying of America."

Thank you very much.

Mr. BIAGGI. You testified that there is a 7-year difference in the life expectancy of blacks and whites. Why? What has caused that?

Dr. DAVIS. Believe me, no one really knows.

The National Institute on Aging needs additional research funds to study this particular problem.

The Institute on Aging has set this as a priority for the State legislature.

We know it is a multifaceted problem that is both medical and also social in its nature, and no one has been able to determine really what and why there is this difference, but we do know that it exists.

We would like to find out the answer, because we do not feel that normal social security is the answer.

We feel like finding out the causes of higher incidences of disease among blacks so that we can improve and increase the longevity, is the way to approach the problem, so that we can have black elderly who can really afford higher priorities in life for a longer period of time, so we need more funds for search.

Mr. BEARD. Dr. Davis, I gathered from your testimony that you feel strongly that counselors of various descriptions and various——

Dr. DAVIS. I beg your pardon?

Mr. BEARD. I said counselors—I judge from your testimony that counselors that are in the business of counseling different age groups for various reasons—I draw from your testimony that you have a strong emphasis on maybe counselors should be counseled in the process of growing old.

Dr. DAVIS. That's important and what I wanted to do this morning, this convinces me that we at the National Seminar on Black Aging must now design a program to resubmit for counseling to desensitize and also train extensively counselors to understand themselves how they feel about growing older.

Mr. BEARD. Thank you.

Mr. Cohen.

Mr. COHEN. Dr. Davis, I don't dispute the question about the needs and desires of the Federal Government to become actively concerned with providing funds and counseling services and guidance for those who are sick and disabled. But I don't think Dr. Sinick's testimony should be interpreted as being insensitive to the needs of the sick and disabled, but rather trying to cope with the problems of incorporating these prejudicial and discriminatory attitudes——

Dr. DAVIS. Correct.

Mr. COHEN [continuing]. Toward the older person as being sick and disabled.

Dr. DAVIS. Correct.

Mr. COHEN. I think that's what we're trying to eliminate, and it takes language and legislation to try and change people's attitudes——

Dr. DAVIS. That's correct.

Mr. COHEN [continuing]. To direct these services to the sick and disabled, and by the same token do whatever we can to reduce the common attitude that older people are sick and disabled, because we know full well that whenever someone turns 65 or 62, that does not automatically start him down the slope of decline.

As a matter of fact, I'm always fond of quoting from Justice Holmes, who was one of our greatest Justices of the Supreme Court, who lived to be 92 years of age. There's a story told that one day he was walking down the streets of Washington toward the Supreme Court, and looked across the street and saw a rather curvacious and attractive young lady wearing a rather revealing outfit, and he said, "Ah, to be 70 again."

So it depends exactly on the individual, and I think that's what the doctor——

Dr. DAVIS. That is correct, Mr. Cohen.

I must apologize because I did not hear all of Dr. Sinick's testimony, and if I took it out of context, I truly apologize. I didn't mean that any other way.

I totally agree with——

Mr. COHEN. We're all speaking to the same——

Dr. DAVIS. Yes.

Mr. COHEN. One other point made on page 2 of your testimony, and that is that you seem to emphasize the needs to have our older people spend the remaining years of their lives in their own homes, and teams of home health professionals will also be needed to provide necessary assistance to families.

I would just call your attention to the fact that I'm the author of a bill which will establish standards for home health care going into the home, which I hope we can adopt as an amendment to the medicaid and medicare antifraud and abuse legislation we are talking about in Washington right now. I think we've got to then prevent those who are unscrupulous and untrained or incompetent from getting into the home health care field before they become involved, rather than wait until after and then seeking to impose some punitive determination. So I would call your attention to that and ask you for your support.

Dr. DAVIS. Mr. Cohen, I'm aware of the bill, and we at the National Center on Black Aged are looking forward to developing programs for home health training because we feel like particularly older black Americans' incomes are—or 80 percent of their incomes are less than $2,000.

We feel that their incomes could be supported, particularly those women between 45 and 55 who are healthy and vigorous and who have spent much of their time and service in home activities.

They've provided a very valuable contribution so I fully support that. Thank you.

Mr. BEARD. Thank you.

Our next witness is Dr. John A. Barr, professor of counselor education, School of Education, San Jose State University, San Jose, Calif.

Welcome, Doctor.

Dr. BARR. Mr. Beard and Mr. Cohen, I'll keep my remarks short, because airplanes don't wait——

Mr. BEARD. Doctor, your full statement will be printed following your remarks.

STATEMENT OF DR. JOHN A. BARR, PROFESSOR OF COUNSELOR EDUCATION, SCHOOL OF EDUCATION, SAN JOSE STATE UNIVERSITY, SAN JOSE, CALIF.

Dr. BARR. We are interested in the over-60 population, because our over-60 population just passed the 3 million mark, and we'll have about 3½ million in a few more years.

I'm concerned with the universality of this problem, because wherever I go in the world—I work in international—everybody seems to be looking toward us for leadership in the field, and I say, well, we have had quite a ways to go yet if you would like to do that.

It's a good topic of conversation wherever we go in the world because all of the industrialized countries realize that they have an evolving pattern—I mean an evolving problem here, because in Japan the young people live in small apartments. There's no room for the older parents to live with them in many cases now.

Another point in here, I don't think our concern should be limited to any social economic class because while there are real needs amongst the poor, I feel very strongly that people in higher social economic levels have a problem there where they need help also.

I'm thinking of larger businesses that are retiring people at 58—and they're healthy and they play golf for 7 days a week for about a month, and then after that it catches up with them.

So I hope we don't limit it to any social economic class.

I find that my best preretirement counseling right now—is carried on in many informal situations. It may be on the golf course or it may be at the airport or someplace like that.

I'm in counselor education. We have not been training counselors up until the last few years.

We have programs now, but because there were no job opportunities, we had difficulty in getting universities to provide moneys for the programs.

Now, I listed, I think, in my testimony, the needs that are arising in our area of business and industry, nursing homes, many other areas.

The one thing I wanted to reemphasize, the thing that we're trying to do is to take people in the careers who are retiring from careers at different levels, take them back, give them short-term training and put them out either on the volunteer or paid basis into the schools and agencies to help in career counseling and—or career training, counseling, different types of career counseling.

We think this is going to be a very effective thing.

We have a lot of support from industry for the concept.

We don't have much in the way of money.

I just wanted to point out that within the testimony, business and industry in our areas suddenly become interested in this because, one reason, they see dollars and cents for them to have this program.

IBM, I pointed out in there, is paying preretirees $500 a year to take courses leading toward retirement.

I know our time is up, so I would like to stop at this time.

[The prepared statement of Dr. John A. Barr follows:]

Prepared Statement of Dr. John A. Barr

Introduction

I am Dr. John Barr, Professor of Counselor Education at San Jose State University in California and am Chairman of the Commission on Maturity and Aging of the California Personnel and Guidance Association. I have been in the field of Counselor Education for more than twenty-five years and have trained counselors to work with older adults during much of that time. I am also a licensed psychologist and, in that capacity, have worked directly with older adults.

I represent members of the American Personnel and Guidance Association, the California Personnel and Guidance Association, and the California State Universities and Colleges.

First, may I say that HR 1118 promises to make one of the most positive contributions to the field of counseling and to the welfare of older adults, that I have observed in my years in the field.

California has a very real interest in the welfare of the older adults, possibly because it has so many of them. The over-sixty population has just passed the 3 million mark, with a projected figure of 3.6 million for 1984. For the welfare of those older adults, as well as for the welfare of the State, we need to keep them independent and self-sufficient as long as possible.

In California, both State and local programs have put emphasis on the more immediate needs of older adults, including such areas as health, nutrition, housing, senior centers, transportation and nursing homes. Emphasis has been on care-taking functions and minimal emphasis given to systematic programs that help them be self-sufficient and responsible for their own welfare.

It is very evident that there is a growing need for counseling services for older adults, and that there is a lack of trained counselors to meet those needs. HR 1118 promises the first comprehensive support for the development of such services. I, therefore, strongly support the content of HR 1118.

For purposes of discussion, I have selected those areas with which I have had the most experience, given my reactions to them, and given examples of innovative programs or special needs relating to those areas. At the end of the discussion, I have suggested modifications that may be considered. I have tried to identify the discussion by relating them to the appropriate sections and numbers in HR 1118.

Title II, Part A

California has a well-established and functioning Department of Aging, with Area Agencies on Aging throughout the State. Counseling assistance for older adults has been made a part of the Department's Long Range Planning document. The Department of Aging, in conjunction with the California State Employees Association and the State Legislature, is laying plans for a comprehensive pre-retirement program for all State employees. This is just one area where, as the efforts become operative, there will be an increasing need for trained professionals and support personnel. Later, in my remarks, I will show a similar growing need in conjunction with business and industry.

I believe that California, as well as a number of other states, has the organization in the Department of Aging to develop effective State plans to make the provisions of HR 1118 operational.

Title II, Part B

This Part describes purposes for which State plans may be approved. I would like to speak specifically to Section 211 (b) and will discuss each sub-section described on pages 11 and 12. I will refer to them by the numbers in the sub-section.

(1) Counseling assistance for homebound and nursing home residents. A committee within the California Personnel and Guidance Association is developing a needs assessment study and will recommend procedures for counseling within this area. It is intended that the results will be incorporated into inservice and pre-service programs of counselor training. There seems to be sufficient evidence to show that, with good counseling, a proportion of nursing home residents could return to living outside the homes, and that the home-bound and those in the nursing homes could have better lives.

(2) Pre-retirement counseling programs. Business, industry, labor, government, and the professions have been developing pre-retirement programs for some years. Typically, the programs have tended to be limited to those which describe the financial and health benefits available to retirees, and touch very little on other aspects of retirement.

While the economics of retirement are basic, other areas such as those concerned with social and psychological aspects of retirement and aging may be even more important. Retirees today may expect to live for fifteen to twenty-five years or more after retirement. A young person going through elementary and secondary schools and higher education may spend less time in their education than do retirees in retirement. With so much time to spend, it is hoped that retirees have an opportunity to live and not merely to exist.

The growing interest and need for counseling programs in the broader aspects of retirement planning has been shown in several different ways in California recently.

This past fall the Oakland Chamber of Commerce invited representatives of business and industry to a pre-retirement planning meeting. Most of the major firms in the Bay Area were represented. Few of them had comprehensive pre-retirement programs, but most indicated that they planned to develop such programs.

The California State Senate and the California State Employees Association has a study underway to determine the feasibility for developing comprehensive pre-retirement programs for all State employees. The report is due this month.

Several members of professional organizations, including the dental and medical groups, have discussed with me the feasibility of developing retirement planning programs for their groups. These individuals were interested primarily in the social and psychological aspects of retirement.

Another example of industry's interest is shown in the new IBM Retirement Education Assistance Program. It is described as "... a program to provide an opportunity for employees approaching retirement to receive financial assistance toward educational expenses for courses which will help them to prepare for activities and personal fulfillment in their retirement years."

In the IBM program employees may participate in the plan commencing three years prior to their earliest retirement eligibility date. Because many employees are eligible to retire at age fifty-five, they may start taking advantage of the program as early as age fifty-two. They may receive up to $500 per year. Maximum total assistance in the program is $2500. Employees who have already retired may qualify for up to two years assistance.

(3) Counseling assistance programs for career change. This area may involve individuals who need to make career

changes because of job loss, obsolescence of present skills, physical impairment, or those who wish to make changes simply because the present job is no long satisfying to them. Housewives who must enter the labor market, either through desire or through necessity, would be included here.

Such career changes involve counseling that will help the individual examine his own needs for change, his assets and liabilities, the retraining that will be necessary to make the career change. Retraining also involves assistance in educational counseling.

While the term "second careers" is a popular one, it probably is not appropriate for our purposes in describing career change for older adults. With people in the older adult group career change may refer to a third, or fourth, or more changes in careers.

(4) Post-retirement career counseling. Many individuals need supplementary income during retirement, while others choose to continue to work because work has been a basic pattern of their living for many years. The latter may choose to work on either a volunteer or a paid basis.

While planning for post-retirement careers should be primarily a pre-retirement activity, many individuals recognize their needs in this area only after retirement.

One example of a post-retirement career counseling program is given below.

Career education is a part of our elementary and secondary school curriculums in grades K-12. Classroom teachers and many counselors will have limited knowledge of careers for career counseling.

Older adults, with long experience in career fields, frequently find little demand for that experience once they retire. It is proposed that many of these people, with short-term counselor training, may function effectively as career counselors in conjunction with professional counselors. The older adults may contribute in schools, in agencies which assist in career change counseling, and they may work on a paid or volunteer basis.

San Jose State University has already developed a project for training retirees as career counselors.

(5) Referral services. In our California Higher Education Study on Aging, we found that older adults tended to have a lack of knowledge of referral services or of how to

utilize such services. Counselors also were lacking in such knowledge. While some coordinating efforts have been made, no systematic assessment of needs or of available resources has been made.

(6) Activities that create positive community and media image of the conditions, problems, and concerns of older persons. While our press has featured this area at regular intervals, the general public lacks knowledge of, or empathy with the problems until they must face them personally. To develop a better understanding of older adults on the part of elementary and secondary school students, teacher workshops have been developed. At this point we have not determined how effective such workshops are.

(7) Activities that sensitize the counseling and education community to the counseling needs of the aged and aging. The California Higher Education Study on Aging included 127 of our public institutions of higher education. Following that Study there was a great upsurge in programs designed to assist older adults. Pre-retirement programs and career change programs are now featured in many of our adult schools and community colleges. San Jose State University permits over-sixty adults to register tuition-free.

Possibly the gain, particularly in post-secondary education, has been the development of attitudes of acceptance toward older students on the part of the faculty. At one time older students were discouraged from entering programs or even in taking classes. Now they are welcomed. Possibly decreasing enrollment has had a part in this change, but we hope that it also comes from attitudinal changes on the part of the administration and staff.

(8) Providing supportive media and equipment. While materials are being developed in the media field, there is a lack of material that can be used in counseling or in counselor training. Proper funding should help in this area.

(9) Providing professionally trained counselors. There has been a lack of programs for training professional counselors to work with older adults. Of people now working in a counseling capacity with older adults, individuals trained in the general field of gerontology, or for school or agency work seem to make up the bulk of professionals.

Part of the reasons for lack of professional counselors in this field has been minimal job opportunities. Institutions

are reluctant to fund new programs unless a definite need for graduates is seen. Counseling programs for older adults have usually evolved within general counselor training programs.

(10) Providing for education and job placement. Educational counseling for older adults should be a basic part of any counselor training program for older adults. The counseling may be for assisting the older adult to gain the necessary re-training for career change, or it may be to assist the person to have a fuller life. THe IBM pre-retirement program mentioned earlier stressed this point.

(11) Special needs of the handicapped. Special education departments within the university settings, in cooperation with the Area Agencies on Aging, have been of assistance in this area.

(12) Para-professional and other support staff. Training para-professionals and other support personnel to work with professional counselors can serve varying purposes. It can provide assistance for professional counselors, but it can also provide a new career for many of the para-professionals.

We have developed programs for training support personnel to work with young people and with older adults in career counseling. The training paralleled a program in which professional counselors were receiving training.

For the support personnel, the program had different values. They were able to earn money and contribute to the community. They also were able to start on an educational career ladder for themselves. Many of them with little or no college education, and some without high school diplomas, continued their education and became professional counselors. All of these para-professionals were minority students.

Suggested Areas to Be Considered for Inclusion in HR 1118

1. Human development. While we have extensive research on human development relating to children and youth, such research relating to our older adults is limited.

We do know that older adults can continue to learn effectively all their lives if their health is maintained and they are given the proper environment. The stereotypes of rapidly declining intellectual functions is not born out by the experience of knowing what older adults can do.

DeVries, at Southern California, has shown how physical vigor can be regained and improved with advancing years. With effective counseling, mental health, sexuality, and other areas can continue to function at satisfactory levels for many years.

Because of the stereotypes that have been developed and because of the prevailing attitudes on the part of the population at large, as well as upon the part of many older adults, too often the older years are viewed only as a period of rapid decline.

We need more extensive research and better dissemination of existing research relating to human development and older adults.

2. Inventories and training modules. Existing inventories and other assessment instruments tend to be geared for our younger population and may not be appropriate for older adults. Among such instruments may be included those which can help in making career change plans, and for helping individuals assess their personal assets and interests.

There is also a need for the development of effective training modules for counseling programs.

3. Needs surveys. HR 1118 stressed the importance of needs surveys in the community. There should also be surveys and evaluations of existing agencies which are giving counseling services to older adults in the community. In addition to the social service agencies, such groups as Retirement Jobs, Inc., Retired Senior Volunteer Programs, AIM, and a variety of private and government funded agencies are operational. We do not have a comprehensive knowledge of the kind or quality of services that are being offered or of the personnel that are employed to do the counseling.

Conclusions

I have reacted to those areas in HR 1118 with which I have had the most experience. I have also described some areas which I thought might be considered for inclusion . These included human development, use of post-retirees as career counselors, the need to develop assessment instruments appropriate for older adults, and a survey and evaluation of existing agencies for serving older adults.

Again Mr. Chairman and members of the Committee, may I thank you for giving us the opportunity to appear before you. I strongly support the provisions of H. R. 1118 because I believe it will give the intial support needed to develop effective programs for counseling older adults.

Mr. BEARD. I certainly appreciate your remarks.

What percentage of elderly residents residing in nursing homes, we'll say, in America could be with proper counseling returned to the community, that could be returned home?

Dr. BARR. Well, I probably can answer this better for you in about 2 months because we have a subcommittee in our commission on aging in California that has started to study that, and I would feel more comfortable if I answered that in about 2 or 3 months' time.

Mr. BEARD. I would appreciate, if you would, send a copy of the report to the committee——

Dr. BARR. All right.

Mr. BEARD [continuing] To the Committee on Aging in Washington.

Also, I have a question. You mentioned the media in your prepared statement, the radio, television, newspapers—and they generally stereotyped the elderly, and could you give us some examples for the record of this?

Dr. BARR. Well, yes. The full 60 people, they are—well, I'm thinking of outstanding accomplishments that are pointed out which indicates they are now 60.

We ought to be surprised that they can accomplish something like they do.

For example, here's the woman doing volunteer work and with children. Oh, I think that's great because of the fact that she's 60 and they're pretty healthy to me, and we have many examples of that at the—the press points out some outstanding accomplishments of someone who—I think it's just—I mean because they're 60 is no reason it should be outstanding.

It should be because they're doing an outstanding job. I don't know how to verbalize that.

Mr. BEARD. Well, maybe just off the top of my head, sometimes we see commercials on television of insurance policies and programs geared for retirement that are showing a little old lady in a rocking chair. You know, that's the traditional method of portraying older persons.

Dr. BARR. Could I mention one thing?

You've mentioned the matter of having done more and more about this. We have some workshops going to train our teachers, elementary and secondary teachers, so I really do appreciate anything I can learn from you on your—from the Congress on that.

Mr. BEARD. Thank you very much.

Mr. Cohen.

Mr. COHEN. Doctor, I suspect in reading your testimony that you agree that intellectual stimulation is the key to physical vitality, would you not?

We seem to have a catch-22 situation in this country where we have a mandatory retirement at the age of 65. There's an underlying assumption that there's sort of an economic stability at that point that occurs for the great majority of people. This attitude produces a reduction in the value we give those individuals, which in turn leads to their isolation. And once they become isolated and unproductive, they seem to be deteriorating intellectually, and we seek to put them into nursing homes or other institutions.

I notice on page 4 of your testimony that you would recommend that we have financial assistance for courses that would help them prepare for activities and personal fulfillment in their retirement years.

I point out again that I have a measure which would mandate that colleges and universities make space available for older citizens as they can.

I would wonder whether or not you would support that——

Dr. BARR. Oh, I would.

Mr. COHEN [continuing]. Whether we ought to mandate that sort of a program that we make space available so that we can continue this intellectual stimulation for a lifetime, and that in turn will produce greater physical durability as such.

Dr. BARR. Well, I think that's excellent. I would support it all the way.

We are doing that. We're one of the experimental universities that are doing this right now.

Mr. COHEN. One other point. What types of individuals and what characteristics do you think make the best counselors and paraprofessionals for older people?

Are they younger, any age classification?

Dr. BARR. No; I like to see them spread—at least we have been examining this problem and we find the young people, as well as peers, they like to have the young people and their ideas, but they also like to have peer groups. I think a spread is good.

Mr. COHEN. Thank you very much.

Mr. BEARD. Thank you very much.

Our next witness is Mr. Charles E. Odell, retired commissioner on aging, of the State of Connecticut, my neighboring State, beyond that, a friend of the late John Fogerty of Rhode Island, who I consider one of the greatest Congressmen in the areas of health in the last 30 or 40 years.

Mr. ODELL. Thank you.

Mr. BEARD. So it's a delight to have you.

STATEMENT OF CHARLES E. ODELL, RETIRED COMMISSIONER ON AGING, STATE OF CONNECTICUT

Mr. ODELL. Thank you, Congressman Beard. I appreciate the opportunity to appear.

Mr. Chairman and distinguished members of the Select Committee on Aging: My name is Charles E. Odell. I resigned as commissioner on aging of the State of Connecticut on January 15, 1977. In that capacity and as a long time member and board member of the American Personnel and Guidance Association, I have had ample opportunity to assess the need for professional based counseling and guidance services among middle aged and older persons in our society. I can assure you that this need is growing even faster than the demographic profile of middle and old age is growing in America.

This is so because of a pervasive agism in our social and economic policy which prematurely and cruelly relegates millions of middle aged and older Americans to the social and economic scrap heap.

While such age discrimination tends to be simplistically identified with mandatory retirement at age 65 it begins at much earlier ages and terminates in cruel and arbitrarily conceived decisions which warehouse the frail among the elderly in institutions which are inadequate to their real needs and inhospitable to their rehabilitation.

We are talking, therefore, about a continuum of need and, if you will, of opportunity, for counseling and guidance service which begins among 35- and 40-year-olds and continues throughout the middle and later years of life. The existence of widespread age discrimination in competitive employment, public and private, as well as in manpower policy, has been well documented before this committee and before previous hearings going back to 1957-1958 in the Senate and the House. The latest data presented on unemployment among middle aged and older persons shows that perhaps 25 percent of the "counted" unemployed are 45 and over. But, in addition, there are equal numbers who are not counted because they have become discouraged and have "dropped out" of the labor market. The tragedy of this drop-out phenomena is that it dooms a whole new generation of the middle aged—perhaps 5 million now between 45 and 64—to poverty in old age since their only chance for above poverty status in retirement depends upon wage related benefits through the social security payroll tax or contributions from private or union negotiated pension plans.

Many of these middle aged and older unemployed and drop-outs need vocational and personal counseling to reassess their skills, interests, and abilities; to redefine their goals; to enroll in vocational training or on-the-job training programs funded under CETA and the Vocational Education Acts; and to insure placement in suitable jobs. The need for such counseling and guidance services has been well documented before this and other congressional committees for the past 20 years. But the trend in the executive branch during this same period has been to cut back on these services. Special counseling and placement services for older workers in the public employment service have actually declined in the past eight years, in a period when administration-contrived depressions were doubling or tripling the need. Nor is the problem one of not knowing what to do how to do the job. Over a 10-year period the Department of Labor has contracted with the National Council on Aging to develop specialized techniques and training materials to improve the quality of older worker services.

A Journal of Industrial Gerontology has also been subsidized under this contract and professional knowledge and experience from around the world has been gathered, published and widely distributed to OEO and Department of Labor Manpower Networks. What is lacking is a definitive mandate in law to insure that staff and funds are provided in accordance with need to reach and serve the 3 to 5 million unemployed and underemployed middle aged and older Americans who need professionally sound vocational guidance, counseling, training, and placement services. This mandate must come specifically from the Congress since there seems to be no concerted will or commitment within the executive branch to fulfill such a mandate.

A second even larger unmet need for sound counseling and guidance service exists among those who are approaching retirement age without the foggiest notion as to what retirement is all about. The Federal Government has really abdicated its role and responsibility

in this area of assisting those in late middle age to prepare for retirement. There has been a long standing jurisdictional dispute between HEW and the Department of Labor in this sort of no-man's-land in the field of aging. This issue centers on the fact that pre-retirees are working people and, as such, are a proper responsibility of the Department of Labor. On the other hand, the knowledge and expertise in retirement and aging is in the Administration on Aging in HEW. As a result, neither Department has done very much to promote or support pre-retirement planning and counseling programs.

Yet there are millions of middle aged and older persons who face serious problems in making good decisions about when to retire, where to live in retirement, what income and benefits to expect, what services and facilities are available to them in retirement, et cetera. Clearly good pre-retirement education and counseling is good preventive medicine for these late middle-aged working people.

A few universities, a few States, a few unions, a few major companies, and a few voluntary organizations have developed good programs, but the resources to extend these programs to the millions who need them are scarce indeed. So is adequate training for discussion leaders, resource persons, and counselors to provide this vital service. We hear much about "retirement shock," premature physical and psychological decline, illness, suicide, and death among retirees. Much of this could be avoided by sound preretirement education and counseling. In addition, as more people live longer, it is this late middle-aged group which is involved in the cruel choices for their aged parents that plunge so many into the semi-imprisonment of institutions because these adult children, confronted with crisis decisions, are persuaded to institutionalize their parents for lack of information about viable alternative modalities and methods of care. Thus, preretirement education and counseling would not only serve to improve the quality of life for preretirees, but would also help them to make better informed decisions in behalf of their aged parents.

Finally, there is a major unmet need for trained professional counselors to work with older persons who have already retired and with their families, both in and out of institutions. Traditionally these roles have been regarded as the primary or exclusive responsibility of nurses and social workers. Both groups of professionals, as well as physicians and even psychiatrists, would benefit from counselor training programs especially designed to improve basic understanding of aging as a developmental process rather than a downhill syndrome leading to a diagnosis of irretrievable senility.

None of the helping professions listed above, as well as guidance and personnel workers who belong to APGA, have given proper attention to the development of curriculum and practicum which deal effectively with the counseling problems and needs of middle and old age. Yet the need for such assistance and support is growing in a direct if not a geometric relationship to the growth of the middle aged and older population.

For years, it has been argued that what's good for people generally is good for older people—in manpower and employment, education, housing, social services, health services, and everything else. The truth is that there are unique and special needs among middle aged and older persons which cry out for the attention of the helping profes-

sions. Yet little has been done until recent actions by the Congress to focus attention on these specialized areas of concern. Counseling in the generic sense is one of these professional fields and it is time that the Congress provided the leadership and the funding to insure that better trained counselors, with specialized knowledge and skill in serving older persons, are recruited and trained in very substantial numbers.

For these reasons, Mr. Chairman and members of the committee, I strongly support H.R. 1118 reintroduced in the 95th Congress and urge early enactment of this important legislation, with sufficient appropriation authorization to insure that a start is made in this general area. The modest investment involved will more than pay for itself by rescuing the growing cadre of labor market drop-outs in middle age who are doomed to poverty and public subsidy in retirement; by reducing the substantial numbers who enter retirement life with sufficient income, but without sufficient knowledge about how to cope with the transition from work to retirement; and by reducing the expensive and debilitating overutilization of institutional and nursing home care when there are, or should be, less costly and more compassionate alternatives in independent living available to aged persons who are properly informed and assisted to pursue such alternatives.

My 40 years of experience as a counselor and an administrator in Federal, State, and trade union programs involving older adults convinces me that this is an urgent need and one that cries for attention in this 1977 session of the Congress.

I would also urge Mr. Chairman, and members of the committee, that serious consideration be given to the establishment of a legislative subcommittee within the Labor and Education Committee so as to insure effective follow through on the many important matters revealed by your deliberations. It would be most unfortunate if the many gaps and pitfalls that plague the executive branch through poor organization and bureaucratic confusion were also to retard effective legislative action on matters so vital to the very survival of older Americans.

Thank you for this opportunity to express my views in support of H.R. 1118.

Mr. BEARD. Thank you, Mr. Odell.

You know, I came up thinking a few years ago that with the make-up of Congress—we should have few problems with H.R. 1118.

You think that a few years ago the most powerful senior citizens organization in this country was the U.S. Congress.

Mr. ODELL. That's correct.

Mr. BEARD. Most of the Congress a few years back was made up of elderly.

There should have been no problem, but it took many years for the medicare program before it was finally passed. Some of the most powerful Members of Congress are senior citizens, so it should be absolutely no problem at all if—and there's another point on this, too. We talk about the thrust of the person's working, and then all of a sudden they're retired.

What greater utilization is in this business here of politics? When you are out, you are out, and there's no greater realization of going to retirement than in politics, where you can be cut off like no other profession.

There's nothing to compare it to. I guess that maybe a new term is you are dead like a dead—there's nothing deader than a dead politician.

I think that looking ahead to retirement, we've got to allow—it's a comedown for people like the prominent names in politics that have been around for years, and then all of a sudden they disappear, to prepare for that I think we have the power of Congress, and I really want to address my remarks to the Congress, that the elderly Americans in this country should be treated really great because of the numbers of elderly Americans in Congress. There's no one traditionally more important than us, as they say, when we set the stage for our own retirement. I think we should have absolutely no problems with H.R. 1118.

Mr. ODELL. Fine.

If I may—if I may comment, Congressman Beard, sometimes, you know, an elderly person in the legislative branch or in the judicial branch really does not perceive itself as such.

I'm thinking of some appeals court decisions and district court decisions, recent ones in which judges who would—who were in their seventies, you know, said they thought it was all right for the Greyhound Corp. to have an age 35 cut-off in hiring new employees on the grounds that was a bona fide occupational qualification.

The bus company advertisement that I've seen for many years shows the man who has to be in his fifties or sixties waving out the window and saying, "Leave the driving to us."

So, you know, I get a little bit upset with the idea of appealing to the selfish interests of older people in positions of power, because sometimes I feel they're so threatened by the thought of losing that power that they won't do anything for somebody else.

I wish you luck with promoting that idea.

Mr. BEARD. As you well know Theodore Green was a freshman of the U.S. Senate around 65 or 68, and he was the oldest member of Congress, around 93 or 94 when he retired, so it didn't make that much difference, his age, as far as I could see.

Mr. ODELL. Senator Hayes, Senator—and Congressman Moran and Congressman Fogerty were very dear friends of mine, that it's almost difficult for me to talk about them because I loved them so, and I think you—you bask in a marvelous tradition as a representative of the State of Rhode Island because of what those men contributed to our country in their distinguished service of Congress.

Mr. BEARD. Thank you.

Mr. Cohen.

Mr. COHEN. Thank you, Mr. Chairman.

I really would like to take strong issue with Congressman Beard's statement that the older Members of Congress should be very sensitive to this issue of pre-retirement planning.

I would suggest that many of the younger Members face the same problem, whether they know it or not, because it is a familiar saying that we have in Washington that the shortest distance between two points is a congressional term, and more and more are beginning to realize that.

Mr. Odell, I would like to just question you a bit about page 3 on your statement where you mention this dispute between HEW and

the Department of Labor concerning retirement and aging, and that somehow the whole issue falls into no man's land.

I was wondering about if this dispute is still taking place, whether there's——

Mr. ODELL. Well, I think essentially it is. There is really no central thrust that I can identify at the national level in preretirement education, for example.

Primarily, as I recall, having served in the Department of Labor under W. Willard Wertz, George Schultz, and Jim Hodges, particularly Wertz, the issue always was that a preretiree was still working, and therefore, theoretically, came under the jurisdiction of the Department of Labor.

Yet when you try to make the Department of Labor support vigorously any kind of, you know, funding of the administrative support for preretirement, suddenly, you know, the whole thing became very important on their scale of priorities.

At the same time, HEW and the Administration on Aging always seemed to be, you know, hinging their position on how much they should be doing about it. They would exhort State agencies and the other agencies to do something in this area, but there was really no central thrust in HEW.

Now, the same thing is true on the other side as it relates to employment opportunities to people 60 and over, 65 and over, substantial numbers who need to work and who are really not getting an effective service from the Public Employment Service or the CETA programs.

And yet, somehow, HEW says well, that's labor's responsibility because, you know, these people ought to be served through the employment service and the manpower systems.

I'm saying let's stop playing that game of, you know, kicking old people around between the two agencies, and start doing something, and what I would suggest is that as soon as one or the other starts doing something, the other and its constituency down the line will suddenly get very active and get things going to do something, too.

Mr. COHEN. You also suggest on page 6 that you would recommend creation of a legislative subcommittee on aging within the House Education and Labor Committee, and while I'm sure we can all agree that we should give more attention to the older citizen, wouldn't it be preferable to give actual legislative jurisdiction to the House Aging Committee which already has the expertise and authority to be——

Mr. ODELL. Yeah.

Mr. COHEN. And here we go back again to—let me give you an example. We have the Select Committee on Aging in the House and the Special Committee on Aging in the Senate. We also have the Interstate and Foreign Commerce which has itself a subcommittee on health which has legislative jurisdiction, and it's busy with energy problems.

Now, we have so many committees and subcommittees dealing with energy that we never really get anything done, and one thing that we have to do is to reduce the fragmentation of our committee system which takes some of the characteristics of an ameba.

You know, it sort of bloats itself into bursting proportion and then it suddenly subdivides into a new brandnew agency or new subcommittee and a new staff or new guidelines and recommendations.

As a result, it's a lot of motion and a lot of activity, but very little performance.

Mr. ODELL. Well, I certainly think, Congressman Cohen, that you know more about the way that Congress works than I will ever know.

I was merely pointing out what I think is an important consideration, and that is that frequently, you know, what seems to be overlapping jurisdictions and personal and peculiar peeks of congressmen and committees—a lot of things fall through the cracks of Congress.

I recall some of the interesting experiences we had last year in trying to bring everybody together on matters of appropriations under the Older Americans Act, and I recall at one point Congressman Flood's statement that this was really the first time that a programmatic committee, you know, had made an effective presentation to the Appropriations Committee on the matter of mutual interest and concern.

I think that's great, and that's really what I'm interested in.

Mr. COHEN. Well, one final point.

We really haven't dealt with the question of mandatory retirement at the age of 65, and I would like to solicit your recommendation to this committee on how we cope with this problem of not treating individuals in a lock step method.

Mr. ODELL. I have actively supported and helped define a series of programs which are designed to develop criteria other than chronological age or retirement, and machinery for implementing those criteria.

In my testimony, which I hope to give on the 16th of March with a clearer voice and vision in Washington, I will go into some discussion of that.

Basically, the system we're using is one that was developed by Dr. Leon Corl first in the Veterans' Administration hospital system, not for patients, but for employees of that system in camera, where he installed this as an across-the-board system of utilization and selection and referral, retraining and replacement, not only of older workers, but of disabled workers who are injured on the job and ultimately for all hired.

What it involves essentially is developing a physical, psychological vocation-oriented profile on what are the real components of the ability to perform as required on the job and a similar profile on each individual in the plant or any organization, and then continuous review process on the basis of which decisions are made by other job changes or retraining or retirement or whatever else is necessary in order to, you know, maintain an effective work force.

Now, at the point where that system was first introduced, I was with the United Auto Workers, and the union was raising hell with me for being sympathetic to the idea that this system could become operational.

I said, "Give it a try and see what happens."

The union turned out to be reasonably well satisfied with the result because, for the first time, decisions were really being made on the basis of objective criteria by a committee process in which more than one person had the judgment and in which the union had a part.

The net effect of that is that a lot of people who should really retire because of physical disability were let out on disability with a decent pension benefit.

Others who would have retired arbitrarily simply because of age, were permitted to go on working and to build additional pension benefits and so on.

So, you know, I think a working system is available and can be developed.

I think that we are lazy, slovenly, and cowardly in the manner in which we're dealing with this problem.

Mr. COHEN. I would like to continue to tax your mind. I will look forward to hearing your testimony on March 16.

Mr. BEARD. Thank you very much.

I would like to take the opportunity of thanking the American Personnel and Guidance Association for inviting us here. This is the very first field hearing in Texas by the Select Committee on Aging.

It's certainly a delight to come from the East, along with my colleague.

In Rhode Island we still have a little bit of ice on the pond, but it is a contrast of going from part of the country to the other.

It is a delight being here.

Certainly, we appreciate the testimony that we have received, and we consider it beneficial to all of us that are on the committee. Hopefully the Members of Congress will take the time to read the transcripts and testimony and our deliberation on the legislation that deals with the older Americans. That's our responsibility in the Congress as members of the Select Committee on Aging.

So on behalf of Chairman Claude Pepper of Florida and the rest of the committee, I thank all of you for being so kind to us and those of you who took the time today to come and listen and get some input from these experts and witnesses that appeared before this congressional committee.

At this time I would like to ask my colleague, Congressman Cohen, if he would like to say a few words in closing.

Mr. COHEN. Well, Congressman Beard, I have nothing to add to what you've already said, other than to thank the group for inviting us.

We were hopeful that more of your colleagues could be with us today to elicit the testimony for the very first time that we have had a field hearing of this nature. As I stated in my opening lines, that perhaps those incendiary libations that were being poured last evening prevented greater participation today. But I hope that we continue the type of hearings, Mr. Chairman, to bring the Members of Congress out of Washington and out into the field to meet the people who are actively involved with the legislation with which we're concerned.

I appreciate being invited and hope that I can come back to Dallas and spend more than half a day.

Thank you.

Mr. BEARD. The field hearing of the Select Committee on Aging in the House of Representatives now stands adjourned.

[Whereupon, at 11:55 a.m., Monday, March 7, 1977, the committee was adjourned.]